

The Health of Bradford

1956

THE ANNUAL REPORT OF THE MEDICAL OFFICER
OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER

JOHN DOUGLAS, M.D., D.P.H.



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Preface

The following report on the health of the city has been compiled along the lines laid down by the Ministry of Health.

The chief vital statistics for the year 1956 are:—

Estimated population	..	..	286,400
Birth rate	..	..	16·8 per thousand population
Death rate	..	..	13·4 per thousand population
Infantile Mortality rate	..	..	28·2 per thousand live births
Neo-natal Mortality rate	..	..	19·3 per thousand live births
Stillbirth rate	..	..	25·1 per thousand total births
Peri-natal Mortality rate	..	..	41·7 per thousand total births
Maternal Mortality rate	..	..	0·41 per thousand total births
Tuberculosis Mortality rate	..	..	0·10 per thousand population

Compared with 1955, these figures show increased neo-natal mortality, stillbirth and peri-natal mortality rates. The infantile mortality and tuberculosis mortality rates show slight decreases.

JOHN DOUGLAS,
Medical Officer of Health and
Principal School Medical Officer

Section I

Social Circumstances and Vital Statistics

POPULATION

EMPLOYMENT

METEOROLOGY

VITAL STATISTICS

BIRTHS

DEATHS

STILLBIRTHS AND INFANTILE MORTALITY

MATERNAL MORTALITY

Social Circumstances and Vital Statistics

Population

In 1800 Bradford was a small town, occupying less than 2,000 acres, and having a population of 13,000. The status of Borough was granted in 1847, when to Bradford, and Manningham, were added Horton and Bowling. In 1873 Bolton was added, and in 1882, Heaton, Allerton, Thornbury and Tyersal. County Borough status was granted to Bradford in 1888, and the County Borough became a city in 1897. Thornton, North Bierley, Tong, Idle and Eccleshill were added in 1899, Clayton in 1930 and Esholt in 1935, so that today the City of Bradford occupies over 25,000 acres (approximately 40 square miles).

From 1800 the population doubled during the next twenty years, and in the following eighty years up to 1900 increased to 280,000. At times the population was increasing with such rapidity that it was impossible to estimate it with accuracy between the decennial censuses. The census of 1871 gave the population as 147,000, and successive estimates in the following years culminated in an estimate of 197,000 in 1880. The census of the following year revealed that the figure was in fact only 184,000. Similarly, the estimate for 1890 was 241,000, whereas the census figure of 1891 was 216,000.

Since the beginning of the present century, when the population was 280,000, it has fluctuated considerably, being variously affected by the First World War, the depression of the 1930's and the Second World War. The census of 1931 returned the population as 298,000, and the population at the 1951 census was 292,394.

The results of the 1951 census were discussed fully in the 1951 Annual Report.

The Registrar General's estimate of population since the 1951 census has been as follows:—

Year				Population
1952	..	..	..	288,000
1953	..	..	..	286,600
1954	..	..	..	286,500
1955	..	..	..	286,400
1956	..	..	..	286,400

It is worthy of note that during each of the last four years, when the number of live births has been 503, 349, 536 and 773 in excess of the number of deaths, the Registrar General has estimated a yearly decrease in population of 100 persons, until this year, when the population is given at the same figure as in 1955.

Employment in Bradford

We are indebted to Mr. C. W. Llanwarne, Manager of the Bradford Employment Exchange of the Ministry of Labour and National Service, for the following table:—

TABLE 1 *Estimated Numbers of Insured Employees aged 15 and over in the Bradford Employment Exchange Area in June, 1956.*

Industry	Males	Females	Total
Agriculture	241	24	265
Mining and Quarrying.. ..	117	1	118
Bricks, Earthenware, Glass, etc. ..	283	35	318
Chemicals and Allied Trades	873	440	1,313
Metal Manufacture	1,338	107	1,445
Engineering and Electrical Goods ..	11,569	2,363	13,932
Vehicles, Parts and Locomotive Shops	4,989	1,051	6,040
Other Metal Goods	1,770	328	2,098
Precision Instruments.. .. .	96	26	122
Textiles	25,403	26,597	52,000
Leather, Fur	52	42	94
Clothing.. .. .	587	2,668	3,255
Food, Drink, Tobacco.. .. .	2,271	1,187	3,458
Wood, Furniture, etc.	1,645	359	2,004
Paper and Printing	2,363	1,847	4,210
Other Manufacturers	105	73	178
Building and Civil Engineering ..	5,911	193	6,104
Gas, Electricity, Water	2,604	215	2,819
Transport and Communication ..	6,051	850	6,901
Distributive Trades	10,586	7,440	18,026
Insurance, Banking and Finance ..	1,834	1,241	3,075
National and Local Government ..	3,930	2,565	6,495
Professional Services	3,859	4,955	8,814
Miscellaneous Services.. .. .	2,190	7,106	9,296
Ex-Servicemen (not allocated) ..	45	1	46
Total	90,712	61,714	152,426

(The figures are estimates based partly on the number of national insurance cards exchanged in the quarter beginning June 1956 and partly on returns rendered by employers of five or more workpeople showing the numbers of insurance cards held by them. Adjustments have been made, so far as information is available, in respect of cards held by employers relating to workers in other districts and *vice versa*.)

The table shows that there are 152,426 persons aged 15 and over in employment in the city. The following table shows the equivalent

number for the last seven years, with the percentage of the total population of the city.

TABLE 2 *Number of Persons employed, as a Percentage of the Total Population, 1950-55.*

				No. of Persons Employed	Percentage of Population
1950	..	..	..	145,937	49·6
1951	..	..	..	155,153	53·0
1952	..	..	..	147,154	51·0
1953	..	..	..	147,854	51·5
1954	..	..	..	149,332	52·1
1955	..	..	..	147,649	51·6
1956	..	..	..	152,426	52·8

Meteorology

Bradford is situated in a bowl-shaped depression on the east side of the Pennines, and has a climate typical of its position and altitude. The city extends to 25,000 acres, and varies in altitude from 1,200 ft. at Queensbury to 300 ft. at the city centre and 200 ft. at Esholt.

During 1956, the average of the monthly mean temperatures was 46·5°F, which is slightly below the average for previous years.

Rainfall amounted to 34·8 inches. The driest month was May (1·04 inches), and the wettest month was August (6·75 inches). The average monthly rainfall was 2·90 inches, compared with the normal average of about 2·83 inches. The heaviest daily rainfall was recorded on 1st August, when 1·46 inches fell. This represented approximately one quarter of the total rainfall for that month.

There were 1,230 hours of bright sunshine, which is about the average for a long period. The sunniest month was May with 248·5 hours. December, the month with the least sun, had only 11·0 hours. Maximum daily sunshine recorded in the year was on 26th May and 13th June (14·1 hours).

During the year snow fell on 27 days and lay on the ground for a total period of 37 days. The heaviest fall occurred on 26th April (6 inches), but the snow cleared very quickly when followed by rain. Intermittent showers caused snow to lie on the ground for 24 days in February.

Fog was observed on 28 days during the year, and September and December, each with 5 days, were the worst months.

Vital Statistics

The following are the principal vital statistics for 1956, with comparable figures for 1955:—

	1956	1955
Estimated population	286,400	286,400
Comparability factors—(a) births.. .. .	1·00	1·00
(b) deaths	0·95	0·97
Births (total live and still)	4,944	4,641
Births—Live.. .. .	4,820	4,548
Still	124	93
Crude birth rate per 1,000 population	16·80	16·20
Birth rate as adjusted by factor	16·80	16·20
Deaths	4,047	4,012
Crude death rate per 1,000 population	14·10	14·01
Death rate as adjusted by factor	13·40	13·59
Infantile mortality rate per 1,000 live births	28·2	28·6
Neo-natal mortality rate per 1,000 live births	19·3	17·81
Still birth rate per 1,000 total births	25·08	20·04
Peri-natal mortality rate per 1,000 total births	41·7	35·5
Maternal mortality rate per 1,000 total births	0·41	0·43
Tuberculosis rates per 1,000 population—		
(a) primary notifications—Respiratory	0·85	0·89
Non-respiratory	0·07	0·09
(b) Deaths—Respiratory	0·09	0·10
Non-respiratory	0·01	0·01
Death rates per 1,000 population from—		
Cancer (all forms, including Leukaemia and Aleukaemia)	2·33	2·37
Meningococcal Infections	0·007	0·01
Whooping Cough	0·000	0·00
Influenza	0·040	0·06
Measles	0·000	0·01
Acute poliomyelitis and encephalitis	0·000	0·01
Diarrhoea (under 2 years)	0·024	0·01
Diarrhoea (under 2 years) per 1,000 live births	1·45	0·66

Births

Births registered during the year numbered 4,944 (2,522 males and 2,422 females). The birth rate is 16·8 per thousand of the population, compared with 16·2 in 1955.

In Bradford the birth rate reached an average of 31 in 1881-85. Its movement since that time is shown in the following table:—

TABLE 3 *Birth Rates, Bradford, 1881-1956*

Period			Rate
1881-85	..	..	31.1
1886-90	..	..	29.8
1891-95	..	..	27.5
1895-1900	..	..	25.1
1901-05	..	..	22.6
1906-10	..	..	20.1
1911-15	..	..	19.0
1916-20	..	..	15.4
1921-25	..	..	17.9
1926-30	..	..	15.2
1931-35	..	..	13.5
1936-40	..	..	13.1
1941-45	..	..	14.5
1946	..	..	19.3
1947	..	..	22.2
1948	..	..	18.8
1949	..	..	17.3
1950	..	..	16.7
1951	..	..	16.4
1952	..	..	15.9
1953	..	..	15.9
1954	..	..	16.4
1955	..	..	16.2
1956	..	..	16.8

Adjustment of the Bradford rate by the area comparability factor, which makes allowance for the differing age distribution of the population in different areas, gives the same rate of 16.8 per thousand population.

Of the 4,820 live births registered, 292 or 6.6 per cent were illegitimate. This rate has ranged from a minimum of 4.3 per cent in 1906 to a maximum of 10.8 per cent in 1945.

Deaths

There were 4,047 deaths (2,031 males and 2,016 females) during the year, giving a crude mortality rate of 14.1 per thousand population. Adjustment of the figure by the area comparability factor gives a rate of 13.4. Five of the twenty large towns of England and Wales have rates higher than the rate for Bradford. The rates range between 9.90 and 15.13. The provisional rate for the country as a whole is 11.7.

The following table shows the crude death rate in Bradford in the period 1886-1956;—

TABLE 4.

Period	Rate
1886-90	20.9
1891-95	19.7
1896-1900	17.9
1901-05	16.3
1906-10	15.1
1911-15	15.5
1916-20	16.0
1921-25	14.1
1926-30	14.2
1931-35	14.1
1936-40	14.7
1941-45	14.2
1946	14.4
1947	14.7
1948	13.4
1949	14.5
1950	14.2
1951	15.4
1952	13.7
1953	14.2
1954	14.8
1955	14.0
1956	14.1

The Bradford rate is usually about 2.0 per thousand higher than the rate for the country as a whole.

The following table shows the distribution of deaths by separate age groups for the past seven years.

TABLE 5 *Deaths by Separate Age Groups, Bradford, 1949-1956*

Age	1949	1950	1951	1952	1953	1954	1955	1956
0-1 ..	191	185	208	152	169	141	130	135
1-5 ..	40	46	33	29	24	19	12	13
5-15 ..	24	25	17	18	21	13	17	22
15-25 ..	40	42	33	20	23	22	25	22
25-45 ..	195	205	189	156	174	142	157	181
45-65 ..	992	1,031	1,070	938	966	957	880	959
65-75 ..	1,272	1,181	1,244	1,087	1,108	1,197	1,157	1,115
Over 75 ..	1,469	1,458	1,662	1,307	1,574	1,745	1,634	1,600

Table 6 shows the causes of death at different periods of life during 1956.

TABLE 6 Causes of Death at Different Periods of Life, 1956

Disease	AGE GROUPS (both sexes)								Over 75	Total Males	Total Females	Total
	0-1	1-5	5-15	15-25	25-45	45-65	65-75					
1. Tuberculosis, respiratory ..	..	-	-	-	8	13	4	1	18	8	26	
2. Tuberculosis, other ..	..	1	-	-	-	1	-	1	1	2	3	
3. Syphilitic disease ..	..	-	-	-	1	5	6	2	8	6	14	
4. Diphtheria ..	..	-	-	-	-	-	-	-	-	-	-	
5. Whooping cough ..	..	-	-	-	-	-	-	-	-	-	-	
6. Meningococcal infections ..	..	2	-	-	-	-	-	-	2	-	2	
7. Acute poliomyelitis ..	..	-	-	-	-	-	-	-	-	-	-	
8. Measles ..	..	-	-	-	-	-	-	-	-	-	-	
9. Other infective and parasitic diseases ..	..	-	-	-	-	3	2	2	-	-	7	
10. Malignant neoplasm, stomach ..	..	-	-	-	-	5	23	39	31	50	48	
11. do. lung, bronchus ..	..	-	-	-	1	8	71	40	13	116	17	
12. do. breast.. ..	..	-	-	-	-	4	31	10	17	1	61	
13. do. uterus.. ..	..	-	-	-	-	-	11	10	6	-	27	
14. Other malignant and lymphatic neoplasms	1	1	2	2	22	104	106	94	164	168	332	
15. Leukæmia, aleukæmia ..	..	1	1	1	1	7	3	3	9	8	17	
16. Diabetes ..	..	-	-	-	1	1	7	4	6	7	13	
17. Vascular lesions of nervous system	..	-	-	1	8	89	171	251	207	313	520	
18. Coronary disease; angina ..	..	-	-	-	24	236	225	227	433	279	712	
19. Hypertension with heart disease ..	..	-	-	-	-	23	57	69	70	79	149	
20. Other heart disease ..	..	9	1	1	25	58	114	331	219	311	530	
21. Other circulatory disease ..	..	-	-	1	2	21	25	77	62	64	126	
22. Influenza ..	..	-	-	-	1	2	6	5	5	9	14	
23. Pneumonia ..	..	23	3	3	4	3	48	79	177	154	186	
											340	

TABLE 6 Causes of Death at Different Periods of Life, 1956—continued

	Disease	AGE GROUPS (both sexes)										Total Males	Total Females	Total
		0-1	1-5	5-15	15-25	25-45	45-65	65-75	Over 75					
24.	Bronchitis	1	-	-	-	5	81	85	94	186	80	266		
25.	Other diseases of respiratory system	..	-	-	1	2	7	6	12	21	7	28		
26.	Ulcer of stomach and duodenum ..	..	-	-	-	-	10	14	17	29	12	41		
27.	Gastritis, enteritis and diarrhoea ..	7	-	-	-	2	3	3	6	11	10	21		
28.	Nephritis and nephrosis ..	..	-	1	2	2	9	6	5	13	12	25		
29.	Hyperplasia of prostate ..	..	-	-	-	-	2	4	10	16	-	16		
30.	Pregnancy, childbirth, abortion ..	..	-	-	-	2	-	-	-	-	2	2		
31.	Congenital malformations ..	20	2	-	-	3	-	-	2	13	14	27		
32.	Other defined and ill-defined diseases	78	1	3	4	21	59	64	95	136	189	325		
33.	Motor vehicle accidents ..	..	3	4	2	14	12	4	7	27	19	46		
34.	All other accidents ..	3	1	5	1	6	20	15	41	33	59	92		
35.	Suicide	..	-	-	1	7	9	9	2	16	12	28		
36.	Homicide and operations of war ..	..	-	2	-	1	1	1	-	5	-	5		
Totals		135	13	22	22	181	959	1115	1600	2031	2016	4047		

The following table shows the relative frequency of the principal causes of death during 1956, with the comparative frequencies for 1955:—

TABLE 7 *Relative Frequency of Principal Causes of Death, Bradford, 1956*

Cause of Death	Number	% of Total Deaths	
		1956	1955
Heart disease	1,391	34.37	34.27
Cancer	669	16.53	16.97
Vascular lesions of nervous system ..	520	12.84	13.48
Pneumonia	340	8.40	6.58
Bronchitis	266	6.57	6.77
Violence.. .. .	171	4.22	4.33
Other circulatory diseases	126	3.11	3.98
Ulcer of the stomach and duodenum..	41	1.01	0.84
Tuberculosis	29	0.71	0.79
Other diseases of the respiratory system	28	0.69	0.74
Congenital malformations	27	0.66	0.84
Nephritis and nephrosis	25	0.61	0.67
Diabetes.. .. .	13	0.32	0.49
Influenza	14	0.34	0.42
Other defined and ill-defined diseases	325	8.03	7.15

The remaining 1.59 per cent of deaths are attributed to the causes numbered 3–9 inclusive; 27, 29 and 30 in Table 6.

Causes of death responsible for greater and smaller percentages of total deaths than in 1955 are as follows:—

<i>Greater</i>	<i>Smaller</i>
Heart disease	Cancer
Pneumonia	Vascular lesions of nervous system
Ulcer of the stomach and duodenum	Bronchitis
Other defined and ill-defined diseases	Violence
	Other circulatory diseases
	Tuberculosis
	Other diseases of respiratory system
	Congenital malformations
	Nephritis and nephrosis
	Diabetes
	Influenza

The number of deaths from the epidemic diseases and from tuberculosis continues to fall, and in 1956 only 0.71 per cent of deaths were attributed to the latter. The same high level of deaths from heart disease, cancer and cerebral haemorrhage was maintained, and almost 64 per cent of deaths were due to these diseases.

Heart Disease

Deaths from coronary disease and angina pectoris during the last seven years have been as follows:—

TABLE 8

Year			Number
1950	..	..	528
1951	..	..	542
1952	..	..	556
1953	..	..	510
1954	..	..	614
1955	..	..	628
1956	..	..	712

Cancer, Malignant Neoplasms

There were 669 deaths; a number which differs little from the numbers reported in the last ten years.

The following table shows the increase in the incidence of death from cancer of the lung and bronchus:—

TABLE 9

Year		Number	Males	Females
1932	..	18		
1936	..	36		
1940	..	42		
1949	..	82		
1950	..	94		
1951	..	106	88	18
1952	..	94	74	20
1953	..	104	91	13
1954	..	103	89	14
1955	..	130	110	20
1956	..	133	116	17

Intra-cranial Vascular Lesions

This heading includes deaths from cerebral haemorrhage (apoplexy), cerebral embolism and thrombosis. There were 520 deaths (207 males and 313 females).

The following table shows the number of deaths from cerebral haemorrhage, etc., in the period 1946–1956:—

TABLE 10

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Males ..	188	179	196	240	236	229	240	241	260	216	207
Females	267	271	221	287	334	341	301	336	366	325	313
Total ..	455	450	417	527	570	570	541	577	626	541	520

There has been no significant alteration in the death rate from intracranial vascular disease.

Pneumonia and Bronchitis

The following table shows the number of deaths from pneumonia and bronchitis in the period 1946-1956:—

TABLE 11

Pneumonia

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Males ..	97	109	93	100	70	112	76	110	96	144	154
Females	75	74	80	104	76	97	53	90	108	120	186
Total ..	172	183	173	204	146	209	129	200	204	264	340

Bronchitis

Males ..	153	199	142	167	177	209	92	197	189	186	186
Females	84	115	99	96	90	130	51	98	107	86	80
Total ..	237	314	241	263	267	339	143	295	296	272	266

In the past ten years there has been no significant alteration in the death rates from these diseases.

Violence

Deaths from violence numbered 171. Suicide accounted for 28, motor vehicle accidents 46, and other accidents, etc., 97.

Tuberculosis

There were 26 deaths from respiratory tuberculosis giving a crude death rate of 0.09 and 3 deaths from other forms of tuberculosis, giving a crude death rate of 0.01 per thousand population.

The crude death rate from all forms of tuberculosis was 0.10.

The following table shows the number of deaths from all forms of tuberculosis and the mortality rate per thousand population for Bradford in the period 1946-1956:—

TABLE 12

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Deaths ..	150	148	141	141	109	105	73	50	38	32	29
Rate ..	0.54	0.51	0.49	0.48	0.37	0.36	0.26	0.17	0.13	0.11	0.10

The following table shows the number of deaths from pulmonary tuberculosis and the mortality rate per thousand population for Bradford in the same period.

TABLE 13

Deaths ..	130	121	121	119	92	86	61	40	32	29	26
Rate ..	0.47	0.42	0.42	0.41	0.31	0.28	0.23	0.14	0.11	0.10	0.09

It will be seen that there has been a great reduction in the death rate from all forms of tuberculosis.

Notifications of respiratory tuberculosis during 1956 numbered 244, a notification rate of 0.85 per thousand population. The number for non-respiratory was 22 and the rate 0.07.

The age incidence of the notifications is given in Table 3 in the Appendix.

It is interesting to observe the general preponderance of deaths among males in the diseases of the respiratory tract:—

Disease	Deaths	
	Males	Females
Respiratory tuberculosis	18	8
Malignant neoplasm, lung, etc.	116	17
Bronchitis	186	80
Other diseases of respiratory system (excluding influenza and pneumonia)	21	7
	341	112

During 1956 the ratio of males to females in the total deaths was 1 : 0.99 whilst the ratio in diseases of the respiratory tract was 1 : 0.33.

Stillbirths and Infantile Mortality

There were 124 stillbirths—a rate of 25.08 per thousand total births, compared with the 20.04 of 1955. The highest and lowest rates for the twenty large towns of England and Wales are 30.58 and 19.46 respectively. The rate for England and Wales is 22.9.

The illegitimate stillbirths numbered 17, giving a rate of 3.44 per thousand total births, and representing 13.7 per cent of all stillbirths.

Infantile Mortality

In Bradford during 1956 there were 135 deaths of children under one year of age, giving an infantile mortality rate of 28.2 per thousand live births. This rate is the lowest ever recorded,

Cause of Death	AGE AT DEATH										Cause of Death	
	1951	1952	1953	1954	1955	1956	1956	1955	1954	1955		1956
Prematurity	28	31	22	21	23	16	Under 1 day	1	1	—	—	1
	11	15	17	10	6	16	Under 1 week	1	4	6	1	5
	1	2	3	2	1	2	1-2 weeks	4	3	3	3	2
	1	—	—	—	—	—	2-3 weeks	3	—	3	—	1
	—	—	—	—	—	—	3-4 weeks	5	4	3	1	2
	41	48	42	33	30	34	Total under 1 month	13	12	15	9	11
	—	2	—	1	—	—	1-3 months	26	19	14	9	12
	—	—	—	—	—	1	3-6 months	32	10	15	13	6
	—	—	—	—	—	—	6-9 months	12	10	8	7	6
	—	—	—	1	—	—	9-12 months	11	4	6	3	4
Congenital Malformations	41	50	42	35	30	35	Total under 1 year	94	55	58	41	28
	19-71	32-05	25-77	23-97	23-62	26-12	% of total infant deaths	45-19	35-26	35-58	28-08	22-05
	8-55	10-87	9-21	7-53	6-65	7-34	Rate per 1000 live births	19-60	11-96	12-71	8-82	6-20
	3	4	6	2	7	4	Under 1 day	—	—	—	—	—
	3	2	3	11	8	3	Under 1 week	—	—	—	—	—
	1	2	2	2	1	2	1-2 weeks	1	—	—	—	—
	2	3	2	3	1	—	2-3 weeks	1	—	—	—	—
	2	—	—	1	1	2	3-4 weeks	—	—	—	—	—
	11	11	13	19	18	11	Total under 1 month	2	—	—	—	—
	4	3	2	5	4	2	1-3 months	1	4	2	3	5
Birth Injuries and Atelectasis	—	1	1	3	4	2	3-6 months	2	1	2	3	2
	1	1	—	—	1	1	6-9 months	3	—	—	—	—
	1	—	1	2	—	1	9-12 months	1	2	—	—	—
	17	16	17	29	27	17	Total under 1 year	9	7	4	6	13
	8-17	10-26	10-43	19-87	21-26	12-69	% of total infant deaths	4-33	4-48	2-45	4-11	10-24
	3-54	3-48	3-73	6-24	5-93	3-57	Rate per 1000 live births	1-88	1-52	0-88	1-29	2-88
	17	10	15	14	11	11	Under 1 day	—	1	3	3	3
	12	7	17	10	9	15	Under 1 week	4	4	1	3	2
	2	—	—	—	—	1	1-2 weeks	—	1	—	—	—
	1	—	—	—	—	2	2-3 weeks	—	—	1	1	—
Other Causes	—	—	—	—	—	—	3-4 weeks	—	—	—	—	1
	32	17	32	24	20	29	Total under 1 month	4	6	5	7	5
	1	2	—	—	—	—	1-3 months	5	1	3	4	3
	1	—	—	—	—	1	3-6 months	1	—	1	—	1
	—	—	—	—	—	—	6-9 months	3	1	1	—	1
	—	—	—	—	—	—	9-12 months	—	1	—	—	1
	34	19	32	24	20	30	Total under 1 year	13	9	10	11	9
	16-35	12-18	19-63	16-44	15-75	22-39	% of total infant deaths	6-25	5-77	6-14	7-53	7-08
	7-09	4-13	7-01	5-16	4-43	6-29	Rate per 1000 live births	2-71	1-95	2-19	2-36	2-00
	92	85	91	88	77	82	Total under 1 year	116	71	72	58	50

The rates for the twenty large towns of England and Wales range between 17·58 and 30·08 in 1956, and the rate for England and Wales is 23·7.

The following table shows the rates for Bradford in the period 1946–1956:—

TABLE 14

Year ..	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Rate ..	51	60	43	37	38	43	33	37	31	28	28

The rate for the country as a whole has shown a steady decrease for many years. The Bradford rate has shown a marked decrease over the years, but with periodical sharp increases from one year to another.

The neo-natal mortality rate (the rate of deaths occurring during the first four weeks after birth) was 19·3.

Table 15 gives an analysis of infant deaths in the period 1951–1956.

Table 16 shows net deaths of infants from stated causes in the period 1953–1956.

TABLE 16

International
List No.

Cause of Death

1953 1954 1955 1956

A2	Tuberculosis meningitis	1	—	—	—
A3	Tuberculosis of intestines, peritoneum and mesenteric glands	—	—	1	—
A20	Septicaemia	1	1	—	—
A22	Whooping cough	1	—	—	—
A23	Meningococcal infections	2	—	1	2
A29	Acute infectious encephalitis	1	1	—	—
A30	Late effects of poliomyelitis	—	—	—	—
A32	Measles	—	—	1	—
A51	Malignant neoplasm (breast)	—	—	—	1
A57	Malignant neoplasm (unspecified site)	—	—	—	1
A66	Allergic disorders	—	—	—	1
A71	Non-meningococcal meningitis	4	2	—	—
A78	All other diseases of nervous system and sense organs	—	—	1	—
A88	Influenza	—	1	—	1
A89	Lobar pneumonia	1	—	—	—
A90	Bronchopneumonia	23	19	16	17
A91	Unspecified pneumonia	2	1	—	—
A92	Acute bronchitis	4	2	—	1
A95	Empyema and lung abscess	—	—	1	—
A96	Pleurisy	1	—	—	—
A103	Intestinal hernia and obstruction	2	—	—	—
A104	Gastro-enteritis and colitis over 1 month	2	5	1	5
A107	Other diseases of the digestive system	1	—	—	2
A108	Acute nephritis	—	—	1	—
A124	Osteomyelitis and periostitis	—	—	—	—
A126	Skin diseases	—	—	—	—
A127	Spinabifida and meningocele	6	7	2	3
A128	Congenital malformations of the circulatory system	2	12	12	9
A129	Other congenital malformations	9	10	13	5
A130	Birth injuries	18	9	14	12
A131	Post natal asphyxia and atelectasis	14	15	6	18
A132	Infections of the newborn	15	9	5	11
A133	Haemolytic disease of the newborn	4	6	5	6
A134	All other defined diseases of early infancy	3	4	3	—
A135	Ill-defined diseases of early infancy and immaturity	42	35	30	35
A137	Ill-defined and unknown causes of mortality	—	1	1	1
AE138	Motor Vehicle accidents	—	—	1	—
AE140	Accidental death by Poisoning	1	—	—	—
AE147	Other accidental causes of death, overlaying, etc.	3	6	12	3
		163	146	127	134

Maternal Mortality

There has been a most gratifying diminution in the number of deaths due to child birth. The rate per thousand total births in 1956 is 0.41.

The following table shows the rate for Bradford in the period 1946-1956:—

TABLE 17

Year ..	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Rate ..	1.46	1.07	0.88	1.35	1.40	1.23	0.84	0.21	0.42	0.43	0.41

Infectious and Other Diseases

NOTIFIABLE AND OTHER DISEASES

DIPHTHERIA

WHOOPING COUGH

ACUTE ANTERIOR POLIOMYELITIS

PARATYPHOID FEVER

SCARLET FEVER

MEASLES

LEPROSY

MENINGOCOCCAL INFECTION

ACUTE ENCEPHALITIS

PUERPERAL PYREXIA

OPHTHALMIA NEONATORUM

BACILLARY DYSENTERY

INFECTIVE ENTERITIS

FOOD POISONING

SALMONELLOSIS

PNEUMONIA

INFLUENZA

ERYSIPELAS

TUBERCULOSIS

BRADFORD CHEST CLINIC

VACCINATION AND IMMUNISATION

VENEREAL DISEASES

TABLE 1 *Number of Notifications of Infectious Diseases, 1936-56*

	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Scarlet Fever ..	1,194	867	896	771	309	302	946	1,543	820	703	409	464	765	531	490	291	626	872	514	332	354
Measles ..	3,663	1,682	4,724	742	3,760	1,734	5,328	803	551	4,449	64	4,803	1,027	3,403	3,018	3,771	3,401	2,822	887	5,414	232
Whooping Cough ..	1,301	1,184	1,713	193	491	1,958	1,348	781	494	682	942	631	1,404	347	1,623	1,273	634	1,564	617	324	1,167
Poliomyelitis ..	1	—	—	1	2	—	2	—	4	—	3	86	8	29	52	12	13	15	8	40	8
Cerebro-Spinal Meningitis	9	21	13	6	67	72	85	32	41	24	16	24	14	12	7	3	4	1	7	—	11
Enteric Fever ..	10	9	4	28	26	13	8	2	2	3	8	4	—	—	—	110	2	—	3	—	8
Dysentery ..	24	35	33	72	129	102	213	86	76	101	61	16	138	—	574	322	175	526	637	212	486
Infective Enteritis ..	7	41	22	41	5	11	13	2	2	252	98	259	212	167	445	372	253	550	1,022	1,029	1,147
Puerperal Pyrexia ..	41	56	57	67	82	43	30	24	25	22	25	40	47	23	24	13	20	24	23	45	27
Ophthalmia Neonatorum	23	28	21	12	15	19	13	20	13	15	36	29	25	16	20	12	9	3	9	7	9
Pemphigus..	—	—	—	1	18	6	3	—	8	—	—	—	—	—	—	2	3	8	2	—	—
Erysipelas ..	176	144	168	159	147	138	121	123	115	90	95	104	104	101	119	103	97	91	78	50	63
Pulmonary Tuberculosis..	274	253	194	237	161	167	195	182	150	165	170	168	207	276	149	230	280	305	252	254	244
Non-Pulmonary Tuberculosis	105	100	84	61	30	41	75	51	30	45	55	64	61	83	67	58	53	54	31	25	22
Pneumonia ..	499	514	428	342	382	490	506	430	195	251	241	289	338	445	399	494	407	476	464	382	449
Diphtheria..	891	872	631	353	246	317	361	588	717	441	144	37	15	19	—	1	—	—	—	—	3

Infectious and Other Diseases

V. P. McDONAGH, M.B., CH.B., D.P.H.

Deputy Medical Officer of Health

The diseases "notifiable" in Bradford are: cholera, diphtheria, dysentery, encephalitis (acute), enteric (typhoid or paratyphoid) fever, erysipelas, infective enteritis, malaria, measles, membranous croup, meningococcal infection, ophthalmia neonatorum, plague, acute primary pneumonia, acute influenzal pneumonia, poliomyelitis (acute), puerperal pyrexia, relapsing fever, scarlet fever, smallpox, tuberculosis, typhus, whooping cough. In addition, food poisoning (or suspected food poisoning) is notifiable under Section 17 of the Food and Drugs Act, 1938.

The number of notifications of infectious diseases received in the period 1936-56 are shown in Table 1.

The age distribution of cases of infectious disease is shown in Table 4 of the Appendix.

Total notifications of infectious diseases were 4,259, compared with 7,954 in 1955. The year 1955 was a "measles year" and the decrease in total notifications in 1956 is largely due to the notification of over 5,000 fewer cases of this disease. Unfortunately, during this year our long record of freedom from diphtheria was broken as three cases of the Mitis variety came to our notice.

Two cases of leprosy were notified to us by the private practitioners. This disease is, in fact, notifiable to the Chief Medical Officer of the Ministry of Health.

Diphtheria

Cases 3. Deaths 0.

Three cases of diphtheria occurred in the city, the first since 1951, and involved a mother, a small child who was unimmunised, and the mother's father. The mother had only the slightest symptoms, in the

form of some injection of the fauces which responded rapidly to treatment; so rapidly, in fact, that it is really doubtful whether she was a clinical case or a carrier. The small baby showed no symptoms, but was immediately actively and passively immunised. The father was a nasal carrier, which condition quickly responded to local treatment. Investigation pointed to the husband of the mother as the likeliest source of infection. He was in the R.A.F. and had been home for week-end leave a few days before his wife complained of a sore throat. Two weeks previously he had himself suffered from a severe attack of tonsillitis which had responded to local and systemic treatment. Nose and throat swabs of the husband, however, failed to reveal the organism.

Whooping Cough

Cases 1,167. Deaths 0.

Cases of Whooping Cough Month by Month

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	55	69	69	60	88	223	191	130	129	56	44	53

Notifications of whooping cough increased from 324 in 1955 to 1,167 in 1956. In general, however, the disease was of mild to moderate severity. The Whooping Cough Vaccine Trial ended about the middle of the year. The results are not yet available, but the indications were that the vaccines gave a good protection against the disease.

Acute Anterior Poliomyelitis

Cases 8. Deaths 0.

End Results of Cases of Poliomyelitis

					Degree of Disability			
Number					Severe	Moderate	Mild	None
Surviving	(1) Paralytic	..		3	—	—	3	—
	(2) Non-paralytic	..		5				
Deaths	..	..	..	Nil				
				—				
	Total	..		8				
				—				

Notifications of acute anterior poliomyelitis decreased from 40 in 1954 to 8 in 1956, which is a truly satisfactory figure for such a large city.

Paratyphoid Fever

Cases 8. Deaths 0.

There were eight cases of paratyphoid fever in the city and close investigation failed to reveal the origin of the infection.

Scarlet Fever

Cases 354. Deaths 0.

During the year there were 354 cases notified, compared with the 332 in 1955. The disease continued to be very mild, and it seems probable that some cases were undetected. There were no deaths.

Cases of Scarlet Fever Month by Month

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	35	52	40	22	31	37	30	15	18	30	16	28

Measles

Cases 232. Deaths 0.

The number of cases of measles was the lowest since 1946, and there were no deaths.

Age Distribution of Cases of Measles

Years		
Under 1	1—4	5+
17	86	129

Cases of Measles Month by Month

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases ..	3	2	9	2	10	6	21	11	18	20	18	112

Leprosy

Two cases of leprosy were brought to our notice by the private practitioners, who, on our advice, also notified the Chief Medical Officer of the Ministry of Health.

The first case was a young married woman who had a small child. It was considered that the disease was in an active and infective state and she was discharged to the Jordan Hospital, Surrey. The baby was examined later by the Ministry of Health Leprosy Consultant, who recommended the following procedure:—

The baby was first Lepromin tested and Mantoux tested, and on being found negative was offered B.C.G. vaccination. At the end of the year this had not been carried out as the baby was away in its home country for a holiday. It is proposed, on its return, to again offer B.C.G. vaccination and then follow this up with a further Lepromin test to determine whether it has been converted from negative to positive.

The second case, in an adult Pakistani, was considered by the Ministry of Health Leprosy Consultant to be in a chronic inactive condition.

Meningococcal Infection

Cases 11. Deaths 2.

Acute Encephalitis

Cases 2 (Infective 1, Post-infectious 1). Deaths 0.

One case of post-infectious encephalitis was notified, the primary infectious disease being measles.

Puerperal Pyrexia

Cases 27.

There were 27 cases notified, compared with the 45 in 1955.

Ophthalmia Neonatorum

Cases 9.

None of these cases resulted in any permanent visual disability.

Bacillary Dysentery

Sonne Dysentery

Cases 485. Deaths 0.

There were 485 cases notified and discovered, compared with 212 in 1955. Again the heaviest incidence fell in the winter months. Efforts to control the spread of infection, both in the community and in day nurseries and schools, continued along the lines described in previous reports.

Cases of Sonne Dysentery Month by Month

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases	53	45	47	50	47	40	28	12	14	9	69	71

Infective Enteritis

Cases 1,147. Deaths 21.

The incidence of known non-specific enteritis was a little more than in the previous year.

The age distribution of the 1,147 cases was as follows:—

Age:	Under 5	5-14	15-44	45-64	65 and over	Age unknown
No. of cases	481	202	286	110	50	18

Food Poisoning

Cases 96. Deaths 1.

The 96 cases of food poisoning were from six outbreaks, although one outbreak (of staphylococcal food poisoning) involved only one person. Two of the outbreaks were due to *Clostridium welchii*; two were due to *Salmonella typhimurium* and involved contamination of confectionery and meat pies respectively; the other was due to copper poisoning. This occurrence involved six cases, but the attack was sharp enough to warrant the admission of five of the cases to hospital for a short period. Investigation showed that a deposit of copper sulphate had accumulated in the flue and had, in some manner, dropped into the water of the geyser during the night.

One outbreak of *Clostridium welchii* was due to stewing beef which was kept overnight and then reheated. In the other a large joint of beef was cut into smaller joints and cooked for several hours. It was then kept at atmospheric temperature until the following day, when it was served cold. It is interesting to observe that the outbreak still occurred despite the fact that there was no reheating of the meat after cooking.

The staphylococcal outbreak, which involved only one case, was nevertheless very interesting. It was thought to be due to the consumption of a cream bun. Nasal, throat and finger swabs from the three food handlers at the bakery, together with faeces specimens of the patient and cultures from the cream confectionery were sent to the Central Staphylococcal Reference Laboratory for phage typing with the following interesting results:—

						Phage Pattern
Cream bun 1	..	..	..	..	..	Untypeable
" " 2	..	..	..	..	..	"
" " 3	..	..	..	..	..	52A. 79
" " 4	..	..	..	..	..	Untypeable
" " 5	..	..	..	..	..	"
" " 6	..	..	..	..	..	"
" " 7	..	..	..	..	..	79
Nasal swab Food Handler (a)	..	..	..	..	..	52A. 79
" " " (b)	..	..	..	..	..	52A. 79
" " " (c)	..	..	..	..	..	Untypeable
Faeces---Patient	..	..	..	..	..	52A. 79

It was considered that cream bun 3, cream bun 7, nasal swab food handler (a), nasal swab food handler (b), faeces of patient, are similar. It would appear that either or both food handlers could have caused

the illness by contaminating the confectionery with the organism they were harbouring.

Salmonellosis

Cases 230. Deaths 0.

The 230 cases of salmonella infection were discovered during routine swabbing of contacts of cases of dysentery or during investigation of cases notified as enteritis. *Salmonella derby* was found in eight cases, *Salmonella paratyphi b.* eight cases, *Salmonella kibusi*, Thompson and bredeney, each once. The remaining 211 were *Salmonella typhimurium*. Although we were unable in any of these cases to firmly establish a vehicle of food as a source of the infection, much parallel investigation was carried out at this time by examining specimens of liver, spleen and kidney from pigs after slaughter at the public abattoir. This work was a continuance of similar work which had been carried out during 1954 and 1955, and is the subject of a separate report.

The main conclusion which was drawn from the investigations at the abattoir was that there was evidence that *Salmonellae* introduced into the abattoir by infected pigs, spread under the conditions which obtain there, to other pigs, and then by surviving cooking in the home, produced a number of sporadic cases of *Salmonella* infection in the community.

Pneumonia

Cases 449. Deaths 340 (all forms).

There were 67 more cases and 76 more deaths than in 1955.

Cases of Pneumonia Month by Month

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Number of Cases	48	102	63	26	31	25	16	15	18	29	22	54

Influenza

Deaths 14.

There were 3 fewer deaths than in 1955.

Deaths from Influenza, 1943-1956

Year	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Deaths	115	29	38	41	20	6	76	23	94	12	31	27	17	14

Erysipelas

Cases 63.

There were 13 more cases than in 1955,

Tuberculosis

The following are the principal statistics in respect of tuberculosis for the year:—

Respiratory Tuberculosis

Primary notifications of new cases	244
New cases coming to knowledge from other sources* ..	8
Total ..	252

Non-respiratory Tuberculosis

Primary notifications of new cases	22
New cases coming to knowledge from other sources* ..	4
Total ..	26

Total notifications, all sources, respiratory and non-respiratory 278

	Number	Rate per 1,000
<i>Deaths</i> —old and new cases Respiratory ..	26	0.09
Non-respiratory ..	3	0.01
Total ..	29	0.10

* From death returns from local registrars, transferable deaths from Registrar General, post humous notifications, etc.

The following table gives tuberculosis statistics for the period 1906-1956.

		Notifications etc. Pulmonary		Notifications etc. Non-Pulmonary		Total Notifi- cations etc.		Deaths (Old and New Cases)		Mortality Rate per 1,000 Population	
		Primary notifications of new cases of Tuberculosis	New cases coming to knowledge other than by formal notification*	TOTAL	Primary notifications of new cases of Tuberculosis	New cases coming to knowledge other than by formal notification*	TOTAL	Pulmonary and Non- Pulmonary all sources	Pulmonary	Non-Pulmonary	Total

Bradford Chest Clinic

D. K. STEVENSON, M.B., CH.B., M.R.C.P., *Senior Chest Physician*

The number of persons attending the Chest Clinic for the first time increases each year: in 1953 there were 3,000 new attendances; in 1956 the number of new patients was 4,988.

The total clinic attendances in 1956 was 16,168: there were 4,988 new cases and 11,180 reattendances.

Compared with the previous year the number of new cases increased by 338; 538 more new cases were referred for investigation whereas the number of initial contact examinations was 200 less than the previous year. The decline in the number of new contacts examined is partly due to the decline in incidence of pulmonary tuberculosis and partly due to the fact that all contacts who had been overlooked, or had failed to attend in the past, had been brought under clinic supervision between 1953-1955. The total number of new contacts examined in 1956 was 958, which is 89.36 per cent of all possible contacts to index cases of tuberculosis diagnosed in 1956. The number of notifications during the year of all forms of tuberculosis was 261, which compares with 283 notifications in 1955.

There is an increasing demand by the general practitioners for the radiological facilities at the Chest Clinic, and the number attending for examination by the 5 x 4 X-ray Camera Unit increased by 686, making a total of 2,922 examinations for 1956. Many practitioners make use of the Camera Unit as a first step in chest investigation, and 682 persons, almost 23 per cent, were subsequently recalled to the clinic for further investigation on account of a radiological abnormality. During 1956 1,110 new cases were also referred to the clinic direct for an opinion and for investigation.

In 1956 there were 11,180 reattendances, which is 919 less than the preceding year. This drop in reattendances is due to the change in policy in treatment of pulmonary tuberculosis. Treatment by prolonged chemotherapy with the anti-tuberculous drugs for periods ranging between 12 and 36 months is now common practice, and the use of artificial lung relaxation is less extensively employed. The number of attendances at Refill Clinics during 1956 dropped by 1,333.

There were 7,646 attendances at follow-up clinics, an increase of 301 from 1953, and out of this total 1,742 were reattendances at the Contact Clinic. Out of the total of 16,168 attendances at the clinic during 1956, 2,700 were attendances at Contact Sessions and 461 were B.C.G. vaccinations, making a total of 3,161 examinations at the Bradford Chest Clinic on behalf of the local authorities, approximately 20 per cent of all the work undertaken.

TABLE 1 *Chest Clinic Attendances, 1953-1956*

	1956	1955	1954	1953
New Patients	4,030	3,492	2,715	1,734
New contacts	958	1,158	1,234	1,267
Total New Patients	4,988	4,650	3,949	3,001
Clinic reattendances	5,904	7,345	7,243	4,383
Contact re-attendances	1,742	—	—	—
Refill attendances	3,064	4,397	3,286	2,034
B.C.G. Vaccination	461	318	246	162
Thoracic Surgical Consultations	9	39	79	86
Total Out-Patient Attendances	16,168	16,749	14,803	9,666
X-ray examinations undertaken	8,691	7,854	7,267	4,249
Attendances at 5 x 4 Camera ..	2,922	2,236	1,067	—
Clinic Sessions held	591	514	521	548

On the 1st January, 1956, there were 1,790 cases of respiratory tuberculosis and 169 cases of non-respiratory disease on the Bradford Chest Clinic Register; at the year ending 31st December there were 1,863 cases of respiratory and 161 cases of non-respiratory disease making a total of 2,024 cases on the register, an increase of 65 from 1955.

During the year 43 cases of disease were transferred to the clinic from other authorities, 10 children became of adult age and 11 cases were rediscovered. 121 infectious cases of tuberculosis were diagnosed and 140 non-infectious cases. 79 persons were removed from the Register as recovered, 48 persons on the register died, 45 removed from Bradford to other areas and 78 were removed from the register for other reasons.

The following table gives the additions and deletions from the Tuberculosis Register during 1956 at the Bradford Chest Clinic. This clinic serves the Bradford County Borough and also adjoining areas of the West Riding, including Pudsey Municipal Borough.

TABLE 2

					Respiratory Tuberculosis	Non- Respiratory Tuberculosis	Totals
Numbers on Register on 1/1/56					1,790	169	1,959
Inward Transfers					41	2	43
Child to Adult					8	2	10
Cases Rediscovered					11	—	11
Notifications—							
Negative secretions					126	14	140
Positive secretions					113	8	121
Total Additions					2,089	195	2,284
Recovered					66	13	79
Died					48	—	48
Outward Transfers					39	6	45
Child to Adult					8	2	10
Other Reasons					65	13	78
Total Deletions					226	34	260
Numbers on Register on 31/12/56					1,863	161	2,024

Table No. 3 compares the new cases of tuberculosis diagnosed for the first time in 1956 compared with previous years.

TABLE 3

	1956			1955			1954		
	Non- Respi- ratory Disease	Respi- ratory Disease	Total	Non- Respi- ratory Disease	Respi- ratory Disease	Total	Non- Respi- ratory Disease	Respi- ratory Disease	Total
Males	138	2	140	157	10	167	152	15	167
Females	78	12	90	81	4	85	79	9	88
Children	23	8	31	24	7	31	28	14	42
Total	239	22	261	262	21	283	259	38	297

Since 1954 there has been a slight annual decrease in the number of notifications; this decrease is mostly due to a reduction in the number of male patients, the numbers of notifications of women and children remains low and fairly static.

TABLE 4 *Analysis of Notifications in 1956 (261)*

				Males	Females	Children	Total
Local Authorities—							
(i)	Bradford C.B.	..	..	130	82	29	241
(ii)	West Riding..	..	..	10	8	2	20
Nationality—							
(i)	English	..	..	113	83	31	227
(ii)	European	..	..	9	7	—	16
(iii)	Asian	..	..	18	—	—	18
Age—Children—						31	31
(i)	15/24	..	..	20	25	—	45
(ii)	25/34	..	..	29	26	—	55
(iii)	35/44	..	..	24	13	—	37
(iv)	45/56	..	..	36	10	—	46
(v)	56+	..	..	31	16	—	47
Types of Disease—							
(1)	Respiratory (positive sputa)			79	34	—	113
(2)	Respiratory (negative sputa)			59	44	23	126
(3)	Non-respiratory			2	12	8	22
Origin of cases referred to the Clinic—							
(1)	General Practitioners ..			31	21	7	59
(2)	5 x 4 Camera (G.P.s) ..			40	24	—	64
(3)	M.M.R. Units			28	13	—	41
(4)	Hospitals			38	27	8	73
(5)	Contacts			3	5	16	24

Table No. 4 analyses in more detail the 261 new cases of tuberculosis diagnosed during the year. 241 of the cases came from the Bradford County Borough area and 20 from the West Riding. The majority of the cases were of British stock, 16 however, were persons who had come to Bradford from Europe since the end of the war and 18 were Asians—mostly from Pakistan: these findings are similar to those noted in 1955.

The age distribution confirms that tuberculosis remains a disease of young women and middle-aged men. The number of cases of tuberculosis discovered in males over 56 remains high, and although no

definite or specific aetiological factor is known to account for this, the waning of tuberculin sensitivity, the increasing incidence of bronchitis in the elderly male, and smoking, may all be contributory factors.

56 per cent of the male cases and 37 per cent of the female patients had infectious disease.

Out of the 261 cases, 123 were referred by practitioners, either direct or for X-ray examinations, 105 new cases were discovered following examination by M.M.R. and the Miniature Camera Unit at the clinic.

24 cases of tuberculosis were discovered as a result of contact examinations. There were 3 males, 5 females and 16 children.

During 1956 the Bradford Mass Miniature Radiography Unit, which serves the West of Yorkshire and which has its base in St. Luke's Hospital, examined 55,192 persons and discovered 118 new cases of tuberculosis, giving a ratio of 2.14 cases per thousand examinations. The unit operates in the city during the winter months and also on alternate Saturday forenoons, at St. Luke's Hospital, when special groups, including ante-natal cases, are examined. In the County Borough of Bradford 21,473 people were examined and 34 new cases of disease were discovered, giving a ratio of 1.6 cases per thousand examinations, which is well below the national average of 2.5-3 per 1,000. 1,619 women attending ante-natal clinics were examined and 3 new cases of tuberculosis discovered: all had early and minimal disease and had been successfully treated by the time of confinement, the rate of tuberculosis in pregnant women was 1.8 per 1,000, similar to that of Bradford as a whole.

In 1956 there were 55 deaths where tuberculosis was entered on the death certificate; tuberculosis was the main cause of death in 32 cases and a subsidiary cause in 23. Of the 31 deaths in males who were known to be suffering from tuberculosis, tuberculosis was the principal cause in 19 and a subsidiary cause in 12. There were 10 deaths in females due to tuberculosis and tuberculosis was a subsidiary cause in 6. There was one death in a child.

Throughout the year there were 7 death notifications and tuberculosis was a subsidiary finding in 5. There were only 2 deaths in the year which were primarily due to tuberculosis and where the diagnosis had not been made prior to death,

TABLE 5 *Deaths of Patients on Clinic Tuberculosis Register*

		Respiratory	Non- Respiratory	Total
Males ..	..	31	—	31
Females ..	..	16	—	16
Children..	..	1	—	1
		—	—	—
Total ..	..	48	—	48
		—	—	—

Analysis of all deaths:

	Deaths due to Tuberculosis				Deaths not primarily due to Tuberculosis				Total
	M.	F.	Ch.	Total	M.	F.	Ch.	Total	
Known cases of Tuberculosis on Clinic Register	19	10	1	30	12	6	—	18	48
Death Notifications ..	1	1	—	2	1	3	1	5	7
Totals ..	20	11	1	32	13	9	1	23	55

Contact tracing still remains an important factor in the prevention of disease, and out of a total of 931 family and personal contacts to the 261 new cases discovered during the year, 832 were examined at the clinic. This high percentage of 89·36 per cent contact attendances underlines the valuable work undertaken by the Health Visitors in an effort to trace down the source of infection in each new notification.

24 new cases of tuberculosis were discovered by contact tracing, there were 3 male cases, 5 female cases and 16 cases in children, with a ratio of 2·5 per 100 examinations, which is more than 10 times the yield from M.M.R.

The policy, in future, will be to cast the net wider and to examine as many contacts at the place of employment as possible.

In 1956 461 B.C.G. vaccinations were undertaken.

Vaccination and Immunisation

(Section 26, National Health Service Act, 1946)

Smallpox Vaccination

During the year there were 1,140 primary vaccinations and 439 re-vaccinations, compared with the 1,159 primary and 453 revaccinations in 1955.

The following table shows the number of vaccinations in recent years:—

Year				Primary Vaccinations	Re- vaccinations
1948	..	..	..	415	219
1949	..	..	..	246	104
1950	..	..	..	682	448
1951	..	..	..	1,043	761
1952	..	..	..	1,031	886
1953	..	..	..	32,035	20,828
1954	..	..	..	882	554
1955	..	..	..	1,159	453
1956	..	..	..	1,140	439

The number of vaccinations in 1956 was about the average for a normal year.

It will be remembered that the abnormally high number of vaccinations in 1953 was due to the outbreak of variola major in parts of Lancashire and Yorkshire in March.

During the year, apart from vaccinations against smallpox, 18 persons who intended to go abroad were inoculated by local authority medical officers with T.A.B. vaccine, 30 with cholera vaccine, 3 with T.A.B.T.

Diphtheria Immunisation

During the year 5,206 children under 15 years of age were immunised against diphtheria, compared with the 6,098 in 1955. Of this total 4,000 were immunised by medical officers of the local authority and 1,206 by general practitioners.

Only by securing the immunisation of a large number of children each year can we be certain of preventing diphtheria from gaining a foothold in the city.

The following table shows the number of immunisations in recent years:—

Year			Number of Immunisations
1948	..	..	3,538
1949	..	..	4,947
1950	..	..	4,391
1951	..	..	4,584
1952	..	..	5,787
1953	..	..	5,708
1954	..	..	6,449
1955	..	..	6,098
1956	..	..	5,206

Whooping Cough Immunisation

Of the 1,206 children who were immunised against diphtheria by general practitioners (above), 738 received a combined diphtheria/pertussis vaccine.

Of the 4,000 children who were immunised against diphtheria by medical officers of the local authority, 179 received a combined diphtheria/pertussis vaccine.

In connection with the Whooping Cough Vaccine Trial Scheme on behalf of the Medical Research Council (referred to in the Report for 1952), which ended in May of this year, 616 children were immunised with one of the three vaccines.

During the remaining seven months of the year the number of children immunised against whooping cough by local authority medical officers was 246, and the number by general practitioners 136. The total number of children receiving protection against whooping cough, therefore, was 1,915.

Vaccination against Poliomyelitis

This vaccination commenced during the year, and was carried out in the months of May and June.

Children vaccinated in this period were aged 2-9 years, and numbered 528.

Venereal Diseases

Bradford Special Treatment Centre

We are indebted to Dr. J. A. Burgess, Consultant Venereologist, for the following report:—

The number of new patients attending the Special Treatment Centre at St. Luke's Hospital during 1956 increased by 6 per cent compared with the previous year. The increase in new cases was made up as follows:—

Gonorrhoea ..	28%	increase
Syphilis	0%	"
Other Conditions ..	2%	"

Of the total new cases of gonorrhoea 56 per cent were white and 44 per cent coloured people (mainly Indians and Pakistanis, with some West Indians and West Africans). The corresponding figures for 1955 were 70 per cent white and 30 per cent coloured.

Considering the sexes separately, of the new cases of gonorrhoea 79 per cent were men and 21 per cent women. These figures suggest that there must be a reservoir of untreated gonorrhoea in women in the area.

Every effort was made to bring under examination the contacts of patients suffering from venereal disease, but in the case of coloured people, even with the help of an interpreter, the description given was often inadequate for identification purposes.

Compared with the previous year there was a very slight increase in the number of new cases of early (infectious) syphilis (Table 1), but this figure is only about one-tenth of the 1946 total.

For the fourth successive year there were no cases of congenital syphilis in children under one year of age.

The number of other conditions diagnosed continued at the high level of 581 cases, including 149 male patients with non-gonococcal urethritis and 62 female patients with trichomoniasis and other diseases requiring treatment.

The Medical Officer is in attendance during the following hours:—

Men			Women and Children		
Monday ..	10 a.m. to 12 noon		Monday ..	5 p.m. to 7 p.m.	
Wednesday ..	10 a.m. to 12 noon		Wednesday ..	10 a.m. to 12 noon	
	5 p.m. to 7 p.m.			5 p.m. to 7 p.m.	
Thursday ..	5 p.m. to 7 p.m.		Thursday ..	10 a.m. to 12 noon	
Friday ..	10 a.m. to 12 noon		Friday ..	10 a.m. to 12 noon	
				2 p.m. to 4 p.m.	

The staff of the treatment centre, medical colleagues at the hospital and the serologist have continued to give loyal help. To all these people the physician-in-charge wishes to express his thanks.

The following tables give statistical details of the number of admissions, discharges, attendances, geographical distribution and pathological examinations during 1956.

TABLE 1 *New Cases of Early Syphilis and Gonorrhoea attending Clinic, 1946-1956*

Year	Early Syphilis	Gonorrhoea
1946	251	486
1947	210	358
1948	110	215
1949	89	174
1950	56	132
1951	31	125
1952	19	71
1953	9	119
1954	16	148
1955	22	130
1956	24	166

TABLE 2 *Number of New Registrations and Attendances at Clinic, 1932-1956*

Year	Venereal Disease		Other Conditions		Total Attendance	
	Male	Female	Male	Female	Male	Female
1932	336	111	146	68	16,720	4,243
1933	460	146	149	84	21,991	4,921
1934	386	96	188	78	19,811	5,471
1935	438	157	177	73	21,461	6,620
1936	277	131	140	63	15,714	5,237
1937	366	105	151	72	19,429	6,520
1938	363	134	197	88	15,622	5,869
1939	333	129	200	69	10,408	3,906
1940	278	100	143	69	7,687	4,916
1941	423	111	148	113	7,376	4,050
1942	304	156	140	91	6,639	5,266
1943	352	193	216	190	7,525	6,171
1944	292	221	223	221	7,530	6,797
1945	343	310	259	238	10,064	10,472
1946	815	291	554	212	16,487	10,677
1947	622	287	456	226	11,235	9,326
1948	358	229	440	144	9,040	6,859
1949	293	184	400	133	7,957	5,647
1950	228	148	431	155	7,659	4,582
1951	194	107	390	101	7,370	4,292
1952	156	95	388	105	6,087	3,770
1953	160	103	458	141	7,239	3,957
1954	182	104	458	135	6,986	4,043
1955	174	97	427	140	6,345	3,733
1956	210	106	437	152	6,450	4,375

TABLE 3 *Analysis of the Cases Admitted and Discharged during the Year 1956*

(a) ADMISSIONS

	Males	Females	Total
1. Number of cases under treatment or observation on 1st January, 1956—			
Suffering from syphilis	133	209	342
Suffering from gonorrhoea	14	8	22
Suffering from other conditions	66	51	117
Totals ..	213	268	481
2. Number of cases defaulting during previous years who returned in 1956—			
Suffering from syphilis	11	11	22
Suffering from gonorrhoea	11	5	16
Suffering from other conditions	5	1	6
Totals ..	27	17	44
3. Number of cases transferred from other treatment centres, suffering from—			
Syphilis	10	5	15
Gonorrhoea	3	1	4
Other conditions	2	—	2
Totals ..	15	6	21
4. Number of new cases dealt with for the first time during 1955 suffering from—			
Early (infectious) acquired syphilis	14	10	24
Late (non-infectious) acquired syphilis	30	36	66
Congenital syphilis	—	3	3
Gonorrhoea	131	35	166
Other Conditions	430	151	581
Totals ..	605	235	840
Total of Items 1, 2, 3 and 4	860	526	1,386

(b) DISCHARGES

5. Number of cases discharged after completion of treatment and surveillance, suffering from—			
Syphilis	18	34	52
Gonorrhoea	85	15	100
Other conditions	358	145	503
Totals ..	461	194	655
6. Number of cases transferred to other treatment centres, suffering from—			
Syphilis	7	8	15
Gonorrhoea	7	3	10
Other conditions	13	4	17
Totals ..	27	15	42
7. Number of cases defaulting before completion of treatment or surveillance, suffering from—			
Syphilis	25	34	59
Gonorrhoea	29	16	45
Other conditions	57	11	68
Totals ..	111	61	172
8. Number of cases remaining under treatment or surveillance on 31st December, 1956, suffering from—			
Syphilis	148	198	346
Gonorrhoea	38	15	53
Other conditions	75	43	118
Totals ..	261	256	517
Total of Items 5, 6, 7 and 8	860	526	1,386

TABLE 4 *Number of Attendances Distributed According to Disease*

				Attendances		Total
				Males	Females	
Patients suffering from Syphilis	..	..	..	2,351	2,955	5,306
Gonorrhoea	..	..	..	843	204	1,047
Other conditions	..	..	..	3,256	1,216	4,472
Totals	..	..	..	6,450	4,375	10,825

TABLE 5 *Geographical Distribution of New Cases during the Year*

Area	Syphilis	Gonorrhoea	Other Conditions
Bradford County Borough ..	81	157	480
Dewsbury County Borough ..	—	—	1
Halifax County Borough ..	—	1	5
Huddersfield County Borough	—	—	4
Leeds County Borough ..	1	2	7
West Riding County Council ..	11	6	84

TABLE 6 *Pathological Examinations, 1956*

				Treatment Centre	Public Health Laboratory
Microscopical for syphilis	..	..	..	127	—
Microscopical for others	..	..	..	1,926	378
Cultural for gonorrhoea	..	..	..	—	580
Serum for syphilis	..	..	..	—	1,959
Serum for others	..	..	..	—	631
Cerebro-spinal fluid examinations	..	..	..	—	94

Care of Mothers and Young Children

MATERNITY SERVICES

DOMICILIARY MIDWIFERY SERVICE

ANTE-NATAL CARE

POST-NATAL CARE

RELAXATION CLASSES

HEALTH EDUCATION AND PARENTCRAFT

MIDWIFERY TRAINING SCHOOL

MIDWIVES' REFRESHER COURSES

CHILD HEALTH

VACCINATION AND IMMUNISATION

DAY NURSERIES

NURSERY NURSES' TRAINING COURSE

NURSERIES AND CHILD MINDERS REGULATION ACT

NURSING HOMES AND MATERNITY HOMES REGISTERED
WITH THE LOCAL AUTHORITY

THE UNMARRIED MOTHER

ILLEGITIMATE BIRTHS

SILVER JUBILEE HOME, HEYSHAM

HEALTH VISITORS' TRAINING COURSE

HEALTH VISITING

DENTAL CLINIC

Care of Mothers and Young Children

(Sections 22, 23, 24 National Health Service Act, 1946)

K. HORNE, M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant Medical Officer

Medical Officers

F. N. BAMFORD, M.B., CH.B., D.C.H.

M. BESWICK, M.B., CH.B.

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J. N. LEEDHAM, M.B., CH.B., D.P.H.

M. U. RHODES, M.B., CH.B., D.P.H.

J. L. WALKER, M.B., CH.B.

R. WOODHEAD, M.B., CH.B.

The work of the Maternity and Child Welfare section in 1956 has continued steadily. There were a few changes in the medical staff, Dr. Leedham leaving us to be married during the year and Dr. Bamford being appointed. Dr. Birch was transferred from Lapage Street to the Odsal Centre, and Dr. Bamford was stationed at Lapage Street.

Miss Ely, the Non-medical Supervisor of Midwives, left us after seven years' service. She was replaced on the staff by Miss Entwistle who came to us from Wolverhampton.

During the year two senior health visitors were appointed, namely Miss Dickson, for Health Education and Miss Rennie, Geriatric Health Visitor. Miss Ford, who has been Health Visitor in the Bradford Moor area for 31 years, retired during the year.

At the end of the year the number of health visitors on the staff was 38, this includes 5 tuberculosis health visitors and six newly qualified health visitors who were trained in the Health Visitors' Training School, this is an increase of two on the previous year.

The number of midwives at the end of the year was 32 and 2 part-time midwives, this includes the midwife carrying out only premature baby duties.

We are still suffering from a shortage of suitable premises where combined school and maternity and child welfare work can be carried out on the districts to be served. Plans have been submitted to the Ministry for a new centre at Drummond Road. This would be made by converting an old Relief Station, similar to the Usher Street conversion—which was so successful. Plans have also been drawn up for a new centre to serve the Thorpe Edge Estate. The number of centres where Infant Welfare Sessions take place is still 22. This includes Edmund Street Centre and the six following permanent centres.

Bierley Health Centre

Green Lane School Clinic

Lapage Street School Clinic

Odsal Health Centre

Saint Street Health Centre

Usher Street Health Centre

During the year the site of the Child Welfare Clinic serving the Haworth Road/Daisy Hill area was changed from the Daisy Hill Methodist Church to more suitable premises at St. Martin Church, Haworth Road.

The number of ante-natal clinics has been increased by two, namely at Green Lane and at Mildred Street Methodist Church.

Owing to the fall in attendances at Bierley Day Nursery, reported last year, this nursery was closed in April, 1956. The staff and children were all accommodated at the other nurseries. This leaves a total of 9 nurseries in Bradford run by the Health Committee.

Maternity Services

During the year there was a total of 4,891 births in the City to Bradford women. Of this total 4,766 were live births and 125 still births. This is an increase of 157 live births and 30 still births on the figures for 1955. The total number of hospital confinements to Bradford women was 2,776 and the number of domiciliary confinements 2,115 giving a percentage of 56·7 hospital confinements as against 54·7 in 1955.

In order to cut down peri-natal deaths (i.e., still births and deaths of infants in the first week of life) it is deemed necessary that certain classes of patients should be confined in hospital, namely the mother who has had several confinements, the older woman having her first baby, the woman who has a rise in blood pressure or other sign of toxaemia and the woman with a bad child bearing history. Owing to the shortage of ante-natal beds it is often difficult to nurse the hypertensive patient in hospital. It is hoped that with improving housing conditions it will be possible in the future for more normal confinements to take place at home, thus freeing hospital beds for abnormal cases.

I should like to take this opportunity of thanking the Obstetric Consultants and Registrars, also the Matron and Nursing Staff of St. Luke's Maternity Hospital for their helpful co-operation throughout the year.

Domiciliary Midwifery Service

During the year local authority domiciliary midwives booked 2,479 cases, of these 213 were transferred to hospital in the ante-natal period and 173 were transferred as emergencies in labour and 7 left the district. Of the 2,086 deliveries which took place at home The General Practitioner was booked for 2,038 cases and was present at the delivery in 168 cases. Eight hundred and twenty-six cases were discharged from hospital before the end of the 14th day to the care of domiciliary midwives. This is over three times the number of cases discharged to the care of the midwives before the end of the 14th day in 1955.

During the year the midwives made 12,947 ante-natal visits to the patients' homes and 17,168 post-natal visits.

At the end of the year a further 19 midwives have been provided with trilene apparatus making a total of 21 so equipped.

Trilene was administered on	656 occasions
Gas and Air was administered on ..	1,259 occasions
Pethidine was administered on ..	1,406 occasions

During 1956 there were 413 premature live births and 76 premature still births notified, made up as follows:—

	Live Births	Still Births
Hospital cases	291	63
Domiciliary cases	114	12
Nursing Home cases	8	1

This gives a percentage of 10% of total births as against 9% in the previous year. Of the live births 25 died within 24 hours and of the others 29 died before the end of 28 days. Of the 114 premature babies born at home 24 were transferred to hospital and 90 were nursed entirely at home. In addition 74 premature babies were discharged from St. Luke's Maternity Hospital to the care of the premature baby midwife on the district. These babies had 2,571 visits paid to them and their mothers had 933 visits. This was an increase in the number of visits to premature babies and their mothers and necessitated the appointment of a 2nd premature baby midwife in September.

Ante-Natal Care

Following the circular issued by the Standing Maternity and Midwifery Advisory Committee in 1955 which placed great stress on the ante-natal care of the expectant mother, it has been our aim to strengthen still further our links with the Maternity Hospital and the General Practitioner Obstetrician in order to prevent, as far as possible, the duplication of ante-natal care and to keep the General Practitioner informed of the results of the examinations carried out by the local authority medical officers and the domiciliary midwives.

Owing to the importance attached to increased ante-natal visits, both by the patient to the clinic and the midwife to the patient's home, we are trying to decentralise the ante-natal care to avoid the mother having to make long journeys during her pregnancy. To this end we have opened two more ante-natal clinics and hope to open further clinics during 1957.

There are now 13 centres where ante-natal care is carried out, namely:

The Central Clinic, Wilton Street
Bierley Health Centre
Usher Street Health Centre
Mandale Road Child Welfare Centre
Odsal Health Centre
Saint Street Health Centre
Lapage Street Health Centre
The Park, Ravenscliffe

Girlington Methodist Chapel
Lidget Green Child Welfare Centre
Allerton Child Welfare Centre
Green Lane Child Welfare Centre
Otley Road Child Welfare Centre

There are still 30 sessions with doctors attending and 68 sessions with midwives attending which is an increase of 4 sessions on the previous year.

Post Natal

There are 4 post-natal clinics held monthly at Wilton Street and patients attend for post-natal examination at Bierley Health Centre and Usher Street Health Centre. In all 414 patients made 691 attendances.

Relaxation Classes

The number of Relaxation Clinics held for ante-natal and post-natal patients during 1956 was still nine. It has been impossible to expand this work owing to the shortage of trained staff. Four hundred and sixteen new cases made 2,697 visits at the classes for ante-natal patients and 75 patients made 75 attendances at the post-natal classes.

Health Education and Parentcraft

Instruction in parentcraft was given to expectant mothers by the Health Visitors at the Central Clinic and at the Ante-Natal Clinics held at the permanent centres in the outlying districts. A great deal of enthusiasm with regard to these classes was shown by both the mothers and the health visitors. In addition a Parents' Group was started by the Health Visitor in charge of Health Education at Edmund Street Centre in November. This is an evening club where both mothers and fathers attend together. It has been a great success and we hope to extend this type of club to other centres.

Health Visitors in the Otley Road district have also helped to form what is known at a "Family Affairs Club" at the Otley Road Clinic. This Club is financed by the parents themselves but they have been very eager to avail themselves of the help of the health visitors in their district with the programmes.

Midwifery Training School

- 7 Pupils were in training on 1st January.
- 5 Pupils were in training on 31st December.
- 15 Pupils completed their training during the year.

Midwives' Refresher Courses

In 1950 the Central Midwives Board made a rule that every practising midwife should attend a Refresher Course at least once every 5 years. In order to meet the great demand for such Refresher Courses it was decided to run courses in Bradford. These were held at St. Luke's Nurses Home by kind permission of the Bradford "A" Group Hospital Management Committee. The Courses were run in collaboration with St. Luke's Maternity Hospital, and catered for 96 midwives.

Child Health

The total number of children brought to the clinic increased during 1956, which was in accordance with the increase in the birth rate. There has been an increase in the attendance of the 1-5 age group which we hope will continue in subsequent years.

Facilities for clinic attendances in the Thorpe Edge and Buttershaw estates have not materialised yet owing to the restriction on capital expenditure but we hope that small schemes which have been envisaged may be carried out during 1957.

Clinic	Days of Attendance	Time of Attendance	Attendances during year
Central, Edmund St.	Daily	Morning and Afternoon	10,960
Allerton	Alternate Fridays ..	Afternoon	1,191
Bierley	Monday and Thursday	Afternoon	2,137
Bolton Woods ..	Monday (monthly) ..	Afternoon	393
Brownroyd (* 1) ..	Tuesday	Morning and Afternoon	2,946
Buttershaw (Mandale Road)	Monday and Tuesday ..	Afternoon	2,326
Clayton	Alternate Wednesdays ..	Afternoon	1,205
Daisy Hill (* 2) ..	Alternate Mondays ..	Morning	120
Esholt	Wednesday (monthly) ..	Afternoon	174
Green Lane	Monday and Thursday	Afternoon	4,679
Haworth Road (* 3)	Alternate Wednesdays ..	Afternoon	970
Idle	Tuesday	Morning and afternoon	4,087
Lapage Street ..	Monday and Thursday	Afternoons	4,522
Lidget Green ..	Alternate Thursdays ..	Morning	1,189
Odsal	Tuesday, Wednesday and Thursday	Afternoons	3,137
Otley Road	Wednesday	Morning and afternoon	3,545
Ravenscliffe (The Park)	Friday	Morning and afternoon	3,266
Saint Street	Monday, Tuesday and Friday	Monday a.m., Tuesday and Friday p.m. ..	4,458
Southend Hall ..	Thursday	Afternoon	1,069
Thornton	Monday	Afternoon	1,119
Usher Street ..	Tuesday and Wednesday	Afternoons	2,597
West Bowling ..	Friday	Morning	2,218
Wyke	Alternate Fridays ..	Afternoons	1,079
Nursing Mothers' Ward	Monday, Tuesday, Wednesday and Friday ..	Morning and afternoon	773
			60,160

* 1 Morning session discontinued 4.9.56.

* 2 Closed 6.3.56.

* 3 Opened 6.3.56.

Deaths of Children under 1 year.

As will be seen from the statistical tables and the comments of the Medical Officer of Health, the number of deaths of children under one year was 134 in 1956. The percentage of deaths from prematurity and infections and birth injuries was slightly higher than in 1955, but the percentage of deaths from congenital malformations was lower. There was also a marked decrease in the number of accidental deaths in this age group. The number of these being 3 as against 13 in 1955.

Deaths of Children 1—5 years

The number of deaths of children between 1—5 years in 1956 was 9, of these it is regrettable that 3 were caused by accidents on the roads. During her visit to the home, the health visitor places great stress on the prevention of accidents in the home and I feel that valuable work has been done in this connection during 1956. Danger to children on the roads is an ever increasing one, particularly in the case of the pre-school child.

Vaccination

Vaccination and immunisation against diphtheria and whooping cough are performed at all the child welfare clinics. The number of vaccinations and immunisations carried out during the year was as follows:—

Vaccination (Primary)	..	..	492
Re-vaccination	..	..	76
Diphtheria Immunisations	..	..	1,031
(Stimulation doses)	..	..	110
Whooping Cough Immunisations	..	..	850
Combined Whooping Cough and Diphtheria Immunisations	..	..	331

Day Nurseries

The number of places in the day nurseries at the end of the year was 462 as shown below:—

Farcliffe Day Nursery	..	..	84
Brownroyd Day Nursery	..	..	60
Thornbury Day Nursery	..	..	48
Canterbury Avenue Day Nursery	..	..	48
Princeville Day Nursery	..	..	40
Swain House Day Nursery	..	..	36
Greaves Street Day Nursery	..	..	60
Thornlea Day Nursery	..	..	36
Lilac Grove Day Nursery	..	..	50
			462

The average daily attendance at the day nurseries was 315.16. The incidence of infection in the day nurseries was low during 1956.

Nursery Nurses' Training Course

Of the 12 students who gained their certificates in July three were appointed to the nursery staff.

Nurseries and Child Minders Regulation Act

There were three industrial nurseries registered under the above Act at the end of the year, and six private individuals, a decrease of one during the year. The individuals registered under the above Act are closely supervised by the health visitor.

Nursing Homes and Maternity Homes registered with the Local Authority

The following Nursing Homes and Maternity Homes are registered with the Local Authority. They are supervised by the staff of the Maternity and Child Welfare Department:—

Oakfield Nursing Home, 5 Parkfield Road.

Malvern Nursing Home, 45 Horton Grange Road.

Merton Nursing Home, 27 Merton Road.

St. Anthony's Nursing Home, 9 Farfield Road, Toller Lane
(Registered 18.12.56).

Pemberton Nursing Home, 26 Pemberton Drive (Registered 18.12.56).

Mornington Nursing Home (Maternity), 12 Mornington Villas.

Ashfield Nursing Home (Maternity), 1 Ashfield.

The Unmarried Mother

Thirty-one cases were admitted to Oakwell House. The average stay before birth was 21 days and the average stay of mother and baby was 39 days. Five of these cases were accepted from and paid for by other authorities. Eight Bradford cases were admitted to St. Margaret's Home in Leeds and 14 Bradford cases to St. Monica's, Bradford.

Illegitimate Births

The number of illegitimate births in 1956 was 292 live births and 17 still births.

Silver Jubilee Home, Heysham

During the year 192 mothers and 292 children attended the above Home for periods of one or two weeks. Of the above, 30 mothers were sent by the Health Committee, 32 by the Hospital Fund and 16 by other local authorities.

Health Visitors' Training Course

Of the eight students accepted for training in October 1955, six were successful in the July examination of the Royal Society of Health and the remaining two in October 1956.

Six of the students were appointed as health visitors for a period of two years, and the remaining two students returned to their own sponsoring authority.

Five candidates were accepted in October 1956. These students will be sitting their examination in July 1957.

Health Visiting

(Section 24, National Health Service Act, 1946)

F. H. WALKER, S.R.N., S.C.M., H.V.CERT.

Superintendent Health Visitor and School Nurse

At the end of 1956 we had two more health visitors on the staff than at the end of the previous year—namely 38. During the year seven of our own training school joined the staff and Miss Swallow returned to us from the day nursery service, but we lost six members of staff who either retired, married, or transferred to other appointments. Miss J. Ford retired during the year after over 30 years faithful service. It is to be regretted that our health visitors' training school is only able to train sufficient students to replace staff we lose during the year.

Of the 38 health visitors on the staff:—

- 29 are carrying out general field work.
- 5 are tuberculosis health visitors with headquarters at St. Luke's Hospital Chest Clinic.
- 1 is wholly occupied with work in connection with infectious diseases.
- 1 specialises in geriatrics and has her headquarters at the Geriatric Unit at St. Luke's Hospital.
- 1 specialises in health education.
- 1 is employed in full time clinical duties in the Maternity and Child Welfare Central Clinic.

Of the 29 health visitors in the general field, 14 are stationed at branch health centres, and carry out school nursing duties in addition to general health visiting, as shown below:—

Odsal	..	5	Health Visitor School Nurses
Lapage Street		3	„
Usher Street		2	„
Bierley	..	2	„
Saint Street..		2	„

Where health visitors have their headquarters at health centres and carry out all types of work in a definite area and are working with a medical officer whose duties cover the School Health Service and Maternity and Child Welfare Service in the same area, the services are more satisfactory to the public and more satisfying to the worker. Health Visitors are more easily available to the general public and the general practitioners.

In order to use health visitors to the best advantage they are assisted by state registered nurses and unqualified nursing assistants who carry out duties which do not require the health visitor's special skills.

We still need more premises on new housing estates for health visitors' headquarters so that further integration of the services can take place and where the health visitor can be on the spot to deal with health and welfare problems. Many health visitors still have long distances to travel from headquarters to visiting area and much valuable time is lost in this way.

The number of visits paid to homes during the year has decreased which may seem difficult to appreciate when the number of staff has slightly increased. The reason for this however, is that health visitors are doing more selective visiting, giving more time where it is needed most.

The present picture of the work is very different from what it was ten years ago. Family social problems and mental ill-health are far more time consuming than routine visiting concerning the physical health of pre school children.

Six health visitors were sent to post certificate courses during the year and Mrs. Bell, the senior tuberculosis visitor, attended a N.A.P.T. course in Sheffield. She gave an extremely interesting account of this to other members of the staff on her return.

A few health visitors with an interest in producing health education material have formed a "working party" which meets weekly to prepare demonstrations, posters, and displays for the centre and branch health centres. Their displays in the shop windows in Wilton Street have particularly attracted the attention of the general public.

Mothercraft classes started in 1955 have continued and more will be started. Health Visitors are realising the need for this and are accepting it as part of their work.

In September Miss M. Dickson was appointed as Health Education Officer. This is a new post and the appointment of one of our own health visitors adds to the enthusiasm of the staff in this field of work.

We were without a geriatric health visitor for several months this year, but Miss Rennie was appointed in September and continues this valuable liaison service between home and hospital for the benefit of old people, particularly those living alone.

Dental Clinic—Edmund Street

F. G. PARKER, B.CH.D., L.D.S.

Dental Officer for Maternity and Child Welfare

During the year 1956 work continued at the Edmund Street Dental Clinic as usual, interrupted towards the year end by the carrying out of the previous envisaged alterations.

These alterations have provided a new rinse room adjoining the surgery; greatly improved lighting, in addition to better washbowl facilities. The waiting room has been improved by the installation of a gas fire and along with the surgery has been given a much brighter appearance by new paintwork.

The surgery is now extremely well equipped with the exception of a dental X-ray unit, which is sorely needed. The use of X-rays is firmly established as an aid to diagnosis in difficult conditions and it is hoped the matter will be rectified in the near future.

The orthodontic clinic which was instituted by my brother, Mr. C. D. Parker, and myself has now been handed over to Mrs. J. Frazer, who was appointed as Orthodontist to the local authority.

In October 1956, I was given leave of absence to attend Leeds Dental Hospital, where I obtained six months valuable experience in children's dentistry and orthodontics. During this period the clinic was taken over by Mr. N. Frazer and then later by Mr. M. Parker, who worked under difficult conditions due to the aforementioned structural alterations.

As usual the Chief Dental Officer has been most helpful in all matters pertaining to the efficient running of the clinic, and his aid has been much appreciated.

A detailed list of work completed during the year will be found in the Appendix.

**Children Neglected or Ill-Treated
in their own Homes**

Children Neglected or Ill-treated in their Own Homes

V. P. McDONAGH, M.B., CH.B., D.P.H., *Deputy Medical Officer of Health*

The Neglected Children Case Sub-Committee has continued to meet monthly as in previous years. The following organisations were represented:

The Health Department (All Sections)

Children's Department

Probation Department

Welfare Department

Police Department

Education Department

City Treasurer

City Engineer and Surveyor (Estate Agent)

Head Teacher's Association

Hospital Management Committee

Ministry of Labour

Family Service Unit

National Assistance Board

Council of Social Service

National Society for the Prevention of Cruelty to Children

Presbyterian Church

Free Church Council

Church of England

As has been reported previously there has been an excellent spirit about the meetings, although at times there has been some restiveness at what would appear to be lack of elasticity on the part of some members with statutory obligations, which must, it is supposed, take precedence over purely social welfare concerns.

During the year 25 new families were discussed which made a total of 180 families since the inauguration of the committee in 1950. Once again many families were of the chronic type and the practice of appointing a panel to make recommendations was continued. Several families were reported by health visitors as incipient problem families but regrettably, it must be mentioned, that evidence tended to show that this committee had little to offer of a purely preventive nature. It would appear that the main responsibility for prevention will, as in the case of physical conditions, devolve on workers of the Health Department; the main ones being the health visitor school nurses and the caseworkers of the Mental Health Section. It cannot be repeated too often that prevention is the main role of Health Department workers whose thought and approach are geared to it, and there is little doubt that properly applied efforts towards certain families made up of feckless, dull and backward parents would produce a good result.

The change in the emphasis of the work of the health visitor to include concern for the mental and physical health and welfare of the whole family, should mean that the workers would be on the look-out for this type of family and would no doubt do their best with every facility at their disposal to ensure that there was no progression into the chronic stage where only assistance of a purely symptomatic nature can be given.

The following are some details of the 25 families discussed during the year. The number of children in these families was 54 under five years, 52 over five, making a total of 106 children.

During the year the N.S.P.C.C. inspectors have been kind enough to provide the following figures for court cases of child neglect dealt with by them during the year:

Six cases were dealt with under Section 1 of the Children and Young Persons Act. These involved three men and three women. All three women were sent to prison for six months. In the case of the men one was sent to prison for six months; one was fined £10, and one was placed on probation for two years.

As a result of these actions, ten children were brought before the court under Section 63 of the Children and Young Persons Act; seven were committed to the care of the local authority, and in the case of the other three a supervision order was made. Nine cases were brought before the Juvenile Court under Section 62 of the Above Act, involving 19 children. All these were committed to the care of the local authority

Although the practice of appointing a panel to investigate family situations and report back was continued, it was not thought that this arrangement was as successful as had been hoped. This was due to many factors, the main one being that there was an insufficiency of trained caseworkers available, with sufficient time to apply themselves to the proper diagnosis of the family situation. However, even when such a family situation has been properly diagnosed, and a recommendation made, the main responsibility during the year for casework supervision of the family (if we except the Family Service Union workers) has devolved on the N.S.P.C.C. inspectors and health visitors. It is doubtful whether N.S.P.C.C. inspectors with their statutory power to bring about prosecution and punishment behind them can maintain, for any length of time, the kind of supervision of these families which modern thought believes to be necessary if the family is to be maintained intact and in full possession of its self-respect. There is always the difficulty that on occasional visits conditions would be found so bad that the inspector might feel disposed to take legal action, whereas in the case of a worker without such a statutory obligation, 24 hours intensive work might again raise conditions to their usual standard of low average. There is little doubt, also in this connection, that the present method of dealing with cases of wilful child neglect is archaic.

In the case of the health visitor it is felt that while many of the recently trained ones have a better approach to case work technique, they have nevertheless, at the present time, too much work of a nursing and purely clinical advisory nature so that there is little time left to devote to advising and applying supportive psychotherapy to the families where there is neglect of the children. How a compromise arrangement can be developed is difficult to say, but there is little doubt that it is up to the health visitor as a socio-medical worker to face up to the problem of the mental health and happiness of the children living in these unsatisfactory environmental and emotional conditions. The challenge is possibly as great as the challenge of deaths from gastro-enteritis and infectious diseases which killed so many small babies about the turn of the century and after, and which was adequately and fully met by the health visitor (at her inception).

Eviction Panel

We were informed by the City Treasurer of the number of homes in respect of which the Town Clerk had been instructed to institute legal proceedings for possession for arrears of rent. In the case of some of the

families involved it was found that they had previously been discussed at the Committee. However, the majority of the families were found not to be the concern of this Committee and it was considered by the welfare workers, who visited, that they ought to be well able to manage for themselves and get out of their temporary financial difficulties.

Prevention of Break-up Families—Ministry of Health Circular 27/54

As mentioned in last year's report health visitors have continued their work of prevention of child neglect and family break-up with great enthusiasm, but as mentioned earlier there is a certain amount of frustration because they are unable to devote the time to the problem which they would like. Selective health visiting continues to be carried out only to a limited extent in this field, and the question of recommending the appointment of specialist health visitors for this work has exercised our minds. The officers of the Mental Health Service have continued to take their share in the prevention of family break-up and to supervise and help those mental defectives who have married and who are in need of assistance.

However, it must be emphasised that the majority of parents of problem families are not mental defectives but lie in that borderline zone between 65 per cent and 85 per cent intelligence quotient. In addition to their dullness of intellect there also goes a fecklessness and irresponsibility which is frequently found to be absent in mental defectives. We have experience of several ascertained mental defectives who have married and borne children and who are managing very well. It is thought that they are managing despite their mental backwardness because of their stolid emotional nature. They appear to have a reasonable sense of money values and do not squander their money with ill-judged buying as do many parents in our problem families, who would, on examination, show a higher intelligence quotient.

As we said in last year's report the location of our preventive methods for the future must lie in the schools and the homes. So far as the home is concerned, the health visitor and other social workers must concentrate on improving the environmental surroundings and by gaining the confidence of the parents show them how to manage their limited budget for the best. In the schools the great hope for prevention lies in giving the dull and backward groups equal priority with the brighter groups and ensuring that what limited native ability they

possess is brought out to the full by expert teaching, so that many leave school with the basic skills, and sufficient knowledge to enable them to live a full life.

Our experience with the families under discussion during the past year has shown clearer still, if such evidence were necessary, that with the present social standards as high and as complicated as they are today there are many families who are unable to achieve or maintain a standard within reach of what is accepted as the average. These families may, for want of a better word, be classed as social defectives. While this is not a biological classification it is true to say that they cannot achieve the average standard even if they were subjected to the most intensive and expensive supervision. It is for these families that supervised accommodation is urgently required. Most are unmarried mothers with fleeting associations with many men, who leave in their trail numerous illegitimate children. Nevertheless, within the limits of their shallow natures, these mothers have affection for the children and it is undoubtedly better for them if they could remain with that mother and be associated with all the sibling off branches of her family, so that when they achieve adolescence and adulthood they would have some social roots in the community.

School Health Service

STAFF
MEDICAL INSPECTION
INFECTIOUS DISEASES
CO-OPERATION OF PARENTS, TEACHERS, ETC.
PERIODIC MEDICAL INSPECTIONS
INSPECTION OF SCHOOL PREMISES
SCHOOL CLINICS
SCHOOL NURSING
IMMUNISATION
CASES SEEN BY OPHTHALMIC SURGEON
SPECIAL EDUCATIONAL TREATMENT
PHYSIOTHERAPY
ULTRA VIOLET RAY THERAPY
SPEECH THERAPY
LIP READING
CHIROPODY
LINTON RESIDENTIAL SPECIAL SCHOOL FOR
DELICATE PUPILS
LISTER LANE SPECIAL DAY SCHOOL FOR PHYSI-
CALLY HANDICAPPED PUPILS
BAILDON RESIDENTIAL SCHOOL FOR PHYSICALLY
HANDICAPPED PUPILS
McMILLAN SPECIAL SCHOOL FOR EDUCATION-
ALLY SUB-NORMAL PUPILS
ODSAL SPECIAL DAY SCHOOL FOR DEAF PUPILS
TEMPLE BANK SPECIAL SCHOOL FOR PARTIALLY
SIGHTED PUPILS
SCHOOL DENTAL CLINIC

APPENDIX

MEDICAL INSPECTION RETURNS
ANNUAL REPORT ON CHILD GUIDANCE
CLINIC

Staff

Principal School Medical Officer: JOHN DOUGLAS, M.D., D.P.H.

Deputy Principal School Medical Officer:

V. P. McDONAGH, M.B., CH.B., D.P.H.

Senior School Medical Officer: V. H. ATKINSON, M.B., CH.B., D.P.H.

School Medical Officers:

D. M. LANGLEY, M.B., CH.B., D.P.H.

R. WOODHEAD, M.B., CH.B.

J. L. WALKER, M.B., CH.B.

J. HARKNESS, M.B., CH.B.

W. E. D. CRAWFORD, M.D., CH.B.

E. W. G. BIRCH, M.R.C.S., L.R.C.P.

F. N. BAMFORD, M.B., CH.B., D.C.H.

(appointed 8/7/56)

J. N. LEEDHAM, M.B., CH.B., D.P.H.

(left 2/6/56) (part-time from 10/9/56)

Specialist Officers:

Orthopaedic Surgeons: A. NAYLOR, CH.B., M.SC., F.R.C.S.

J. WISHART, F.R.C.S.

Ophthalmic Surgeon: J. BENSON, F.R.C.S.

Ophthalmologist: S. ROBERTSON, M.B., CH.B., D.O.M.S.

Ear, Nose and Throat Consultant: H. M. JONES, F.R.C.S.

School Dental Officers:

Principal School Dental Officer: H. V. MORRELL, L.D.S., R.F.P.S. (Glas.)

Orthodontist: J. FRAZER, B.CH.D., L.D.S., D.ORTH. (appointed 1/10/56)

Assistant School Dental Officers:

S. HALL, L.D.S. (Liv.)

A. S. METCALFE, L.D.S., R.C.S. (Eng.)

M. PARKER, B.CH.D., L.D.S.

(left 29th February, re-appointed 16th April)

C. D. PARKER, B.CH.D., L.D.S. (left 1/10/56)

S. M. CHOMSE, B.D.S. (re-appointed 10/9/56)

Physiotherapists:

Miss V. M. CRIBB

Mrs. M. J. PARKER (left 1/10/56)

Miss C. E. G. PEARSON

Mrs. A. LEVIN (appointed part-time 1/3/56)

Mrs. F. TOLSON (left 29/2/56)

Speech Therapists:

Miss M. AYRTON

Mr. F. BROOK (part-time)

School Nurses:

Superintendent School Nurse: Miss F. H. WALKER

Deputy Superintendent School Nurse: Miss A. WILCOCK

Nurses:

C. M. HAMILTON, M. KAY, M. VAN SWANENBERG, M. G. MUNRO, B. SUGDEN, I. EDWARDS (left 10/12/56), E. M. JACKSON, M. M. E. JONES, R. LEWINGTON, R. GASCOIGNE (left 31/3/56), H. M. HUDDY, J. MOULT (left 31/5/56), A. L. W. MILNER, J. B. SMITH (appointed 1/5/56), K. HAGERTY (appointed 1/11/56), D. BIRKETT (appointed 1/5/56, left 23/11/56)

Chiropodist:

Mr. W. DALBY (part-time)

Audiometrician:

Mr. W. MILNER (part-time)

Dental Attendants:

E. WARNER, B. BRIGGS, B. WOOD, B. P. ASHMORE, M. CROSSLAND (left 1/3/56), J. HILL (appointed 9/4/56)

Nursing Assistants:

V. NICHOLSON, K. BURTON, G. BURLISON, F. SHUTTLEWORTH

Child Guidance Clinic:

Psychiatrist: H. EDELSTON, M.B., D.P.M. (left 29/3/56)

Psychiatrist: Dr. I. TURGEL, M.D. (temporary appointment from 4/5/56)

Educational Psychologist: Mrs. B. BROOK, B.A.

Psychiatric Social Worker: Miss S. HEYWORTH (left 12/2/56)

School Health Service

V. H. ATKINSON, M.B., CH.B., D.P.H., *Senior School Medical Officer*

Connected with the continuous development of medical inspections and treatment schemes described in previous years, two features of 1956 are mentioned initially: (1) Early ascertainment of deafness in children by sweep test; (2) a nutritional survey.

Arrangements were made in January for the hearing of all entrant children to be tested in schools. Written notice was posted to each head teacher in turn that an audiometrician, attached to Bradford Royal Eye and Ear Hospital, would visit his or her infant department on a given Wednesday or Friday morning, bringing from Manor Row our Maico pure tone audiometer, which required mains alternating current. On average Mr. Milner dealt with 42 children per session, totalling 2,731 during the year. He made a miniature audiograph for each of the 115 showing any hearing defect and referred them to the Central Clinic. These cases were then allotted to appropriate branch clinics. So far, four school medical officers have dealt with their own quotas, and jointly made the following analysis:

Number dealt with out of the 115 collected by Audiometrician	89
These 89, after examinations by auroscope, whisper test, etc., were subdivided into:—	
Cases needing observation only.. .. .	53
Cases requiring treatment	31
Cases who did not attend for examination by S.M.O. ..	5

The 53 needing observation included 28 cases whose hearing was then normal, 15 whose hearing loss was intermittent because of recurrent catarrh, 5 whose audiograph showed a hearing loss in one frequency only and in one ear only, 3 cases who were too immature to co-operate satisfactorily, and 2 cases who had had tonsillectomy and should improve.

The 31 found to require treatment included 13 cases already under treatment because of chronic otitis media, etc., 11 cases referred to a specialist but not yet seen by him, 7 cases who had been seen by a specialist and were awaiting tonsillectomy, etc.

Dr. Harkness, the School Medical Officer attached to Edmund Street Clinic, undertook a systematic assessment of the nutritional status of fifty nine-year-old children and correlated it with the results of a dietary survey on the same children. His twenty-four page report includes eighteen tables, six graphs and detailed observations on method and implications of results; the final bibliography refers to twenty-four published works.

Table No. 1.—Socio-Economic Classification into five groups.

Table No. 2.—Expenditure of Money on Food per Head per Week, in five average amounts starting at 15 shillings.

Table No. 3.—Heights and Weights, giving a comparison of means in inches and pounds within the groups of Table No. 1.

Table No. 4.—Comparison of Table No. 3 with Figures of others working elsewhere.

Table No. 5.—Comparison of Haemoglobin Levels. Samples of blood were obtained by intravenous aspiration; an Eel photo-electric colorimeter was used to measure the colour density of alkaline haematin solutions. Mean haemoglobin percentages were compared with those found at three other surveys, namely M.R.C. 1943, Saskatoon, Canada, 1948, and Bunbury, Australia, 1950.

Table No. 5a.—Dental Caries and General Health.

Table No. 6.—Calorific Intakes.

Table No. 7.—Comparison of Calorie Intakes with Recommended Amounts.

Table No. 8.—Calorific Intakes in relation to Body Weight.

Table No. 9.—Protein Intakes and recommended Allowances (Grams).

Table No. 10.—Mean Protein Intakes of the different Income Groups (Grams).

Table No. 11.—Contribution of Protein Intake to total Calorific Intake (Percentages).

Table No. 12.—Mean Intakes of Fat and Carbohydrate (in Grams) and contribution of each to total Calories.

Table No. 13.—Calcium Intakes (in mgms.).

Table No. 14.—Mean Iron Intakes (in mgms.).

Table No. 15.—Mean Iron Intakes in relation to Haemoglobin Level.

Table No. 16.—Mean Composition of School Meals.

Table No. 17.—Comparison of School and Home Meals.

Table No. 18.—Mean Daily Intakes of those having Dinner (1) at home; (2) at school.

Dr. Harkness appended this summary:

“Summary

The children in this survey have been shown to be well up to the average as regards heights and weights and haemoglobin levels, and were all in a reasonable state of general health when examined. None of the abnormal clinical findings could be considered to be nutritionally determined.

The outstanding finding in this survey has been the wide individual variation in dietary intake which was apparently compatible with good health. This was first shown by Widdowson in her pre-war survey of school children. It is this fact which makes the assessment of nutritional requirements such a stupendous task. If the requirements are set high enough for the largest eater among a group of children, they will obviously be far too much for the majority of the group. There does not seem to be an answer to this problem unless we accept the Canadian requirements as a basic level above which all intakes should be. In this survey the calorific intakes were in agreement with the values found by other workers and in general agreement with the recommended standards. It seems as a result of this survey that there should be some differentiation for sex in the recommended allowances for calorific intakes. This differentiation for sex is generally introduced for older children, but should be introduced at a lower age. The mean protein intake cannot be considered to be entirely satisfactory in the case of the girls; it is above the minimum standard but not up to the average or optimum standard. The fat intake was above the suggested amount, contributing 37–40 per cent of the total calorific intake as against the suggested amount of 25 per cent. This higher figure confirms that of other workers.

The calcium intake was found to be below the recommended figure of 1 gram, but Allen, in 1953, stated that in all previous surveys the mean intake was below this level. The reason for this may be that the recommendation is too high, which seems possible, as all surveys have failed to reach this level. As the children grow satisfactorily and their bones are satisfactory, it seems likely that this explanation is correct. No relationship between calcium intake and dental caries could be demonstrated.

The iron intakes were above the minimum requirements but were below the optimum requirements. This method of calculating intakes from food tables is said to give an underestimate for iron. No relationship between iron intake and haemoglobin level could be shown.

The school meals which were examined were found to be adequate nutritionally. There was sufficient provided for the children to eat a meal which was above the recommended allowances of calories, protein and fat. The girls failed to take advantage of the meal provided. The total calorific intake of the children eating the school dinner was greater than that of the children who had all their meals at home, and it is suggested that the children who did not eat the school dinner were the ones who really needed it most."

We congratulate Drs. Birch and Harkness on gaining the Diploma of Public Health, in March 1957, after an eighteen months part-time course at Leeds; and wish continued success to Dr. Harkness when he becomes Divisional Medical Officer to Halstead, Essex, in May 1957.

Co-ordinated care of ear, nose and throat defects. Mr. Morus Jones, E.N.T. Specialist, attended Manor Row Clinic twice per month. Early cases of deafness causing handicap were detected and referred for treatment, and many cases of otorrhoea were treated, obtaining dry ears and improvement in hearing. A percentage of the cases with severe upper respiratory infection and tonsillitis were referred to hospital for tonsillectomy.

During the year he dealt with 205 cases. Of these the majority (132) were complaining of symptoms referable to upper respiratory catarrh, or to infected and enlarged tonsils and adenoids; 63 of this group were referred to hospital for tonsillectomy, adenoidectomy or antral lavage.

The remainder of the cases (73) attended with symptoms referable to the ear. These comprised:

- (1) Thirty-three who had discharging ears. The majority of these soon cleared up under careful treatment with antibiotics and local neo-cortef drops, carried out by the Sister in charge of the clinic.

Five proved to be intractable to all kinds of medical treatment and were submitted to the operation of Tympano-plasty, whereby not only was the disease cleared out of the mastoid and middle ear by operating, but an attempt was made to reconstruct the drum by means of a skin graft. The result, as regards getting a dry ear and as regards the hearing in this group of cases, were very encouraging.

- (2) The remainder of the cases complained of deafness. In the majority of the 40 cases concerned, audiograms and clinical tests showed only slight deafness, helped by sitting the children in front of the class at school. Ten of these cases were referred to the Teacher of the Deaf for auditory training and hearing aids were provided. Most managed very well in a normal class at school; 4 were sent to the School for the Deaf.

Medical Inspection

During 1956, periodic medical inspection was carried out in the age groups 5, 9 and 13 years in all primary and secondary modern schools within the city boundary. In the grammar schools, all pupils over the age of 12 are examined annually. Children in nursery schools are seen each month by the School Medical Officer, defects thus being discovered and treated at an early stage.

At each medical inspection, in addition to pupils in the routine age groups, any child is specially examined at the request of parent or teacher. The School Medical Officer may also decide to re-examine children, seen the year before, who were found to have defects of a more serious nature. Children selected for entry to grammar schools are medically examined before admission, as are scholars transferred from other areas to Bradford grammar schools. All children found with any defect, however slight, at medical inspection are re-examined in 2 to 3 months by the School Medical Officer in order to discover whether the defect has cleared up or, if not, whether the child is having suitable treatment.

Prior to the periodic medical inspections, forms were distributed requesting the presence of the parent or guardian, a written consent to immunisation, a list of previous illnesses and the name of the family doctor. Consent to the jelly test for sensitivity to T.B. was also asked for in the case of infants.

Most children were accompanied by parent or relative at infant and primary school medical inspection, but many pupils came alone to the examination in secondary modern and grammar schools. In all but isolated instances parents readily accepted advice and carried out suggested treatment. Where objection was encountered, a visit by the school nursing sister sufficed to ensure compliance.

The presence of a teacher at medical inspection is of great value—information is available concerning the child's attendance at and behaviour in school, the home background and the standard of parental care. Any defect in the child can be jointly discussed, and any modification of school curriculum arranged at once. Co-operation by the teaching staff is much appreciated by the school health personnel and has always been a most important factor in the success of the school inspections.

Scholars now accept medical and hygiene inspections as part of their school routine. Protest is rare from even the youngest examinee.

The standard of child health in the city remained high. Cases of subnutrition occur only rarely in even the poorest districts. School meals and milk, cod liver oil and orange juice have all contributed to this satisfactory state of affairs.

Lack of rest owing to too late bedtime is still a problem—accentuated, perhaps, by the increasing popularity of television. In spite of the emphasis laid at medical and hygiene inspections on the need for adequate rest, many children, particularly in grammar and secondary modern schools, still go to bed far too late. Otherwise careful parents are often not co-operative in this matter. In some Bradford schools an official bedtime is among the school rules sent to the parent. This advice has a marked effect; it could, with advantage, be extended to all grammar and secondary modern schools in the city.

Minor defects were recognised at the hygiene inspections by the hygiene attendants and reported to the school nursing sister concerned for observation or treatment. The detection of these defects is perhaps even more important than that of head infestation. Tribute must be

paid to the help given by class and head teachers in noticing abnormalities of sight, speech, hearing, etc., and reporting them to the school medical personnel. Immediate investigation of these cases followed and appropriate treatment was advised.

Many schools are still without accommodation suitable for medical inspection and no free classroom is available, so the readiness with which staff-room or head teacher's room is placed at our disposal is much appreciated.

Facilities for the treatment of minor postural and foot defects are present in some schools and could be extended with advantage to all. More serious defects would, of course, still be treated by the Physiotherapy Department at Manor Row.

The high incidence of defective vision remained unaltered. The annual sight testing of all children of 5 years and over was introduced in 1956 in order to discover pupils with eye defects as soon as possible after their entry into school. Treatment of a child with deteriorating vision must be insisted upon, a house visit being paid by the school nursing sister where the parent proves unco-operative. Teachers were of great help in ensuring that glasses were worn regularly in school.

Where necessary, physically or mentally handicapped children were transferred to special schools. Facilities for the treatment of visual, hearing, speech, dental, orthopaedic and other defects were provided at the seven school clinics. Medicines and domiciliary treatment were not included.

A census of all children of school age in the city is taken annually by the education welfare officers. Five-year-olds whose names are not on any school register are reported to the School Medical Officer, who arranges for a medical examination at the school clinic or obtains evidence that the child is still unfit to attend school.

Infectious Diseases

A copy of a "Vade Mecum concerning Infectious Diseases" is issued to all head teachers in the city. No scholar or teacher may attend school while suffering, or suspected to be suffering, from any infectious or contagious disease. A teacher suspecting a child in school to be suffering from such a disease must report to the head teacher, who, if circumstances warrant, will temporarily exclude the affected child from school,

inform the parent or guardian of the reason for exclusion, and notify the Senior School Medical Officer. If further investigation be thought necessary, a nurse is sent to the school concerned to examine contacts, take ear, nose and throat swabs if deemed advisable, and carry out any other precautionary measures which may help to control the spread of infection. A school medical officer also visits the school if necessary. Notifiable infectious diseases are reported to the Medical Officer of Health by school medical officers and private practitioners. All such cases are visited by a health visitor or public health inspector, who gives advice to parents concerning the care of patients and contacts. Admission to hospital is arranged where necessary; in some cases contacts are excluded from school.

Co-operation of Parents, Teachers, Education Welfare Officers and Voluntary Bodies

The help given by many teachers in encouraging attendance at medical and dental clinics is much appreciated by the School Health Service.

Co-operation between school attendance and school medical departments is very important. The education welfare officer can often persuade reluctant parents to visit clinic or family doctor for necessary treatment. Persistent absence from school is investigated, and the child concerned referred to the School Medical Officer for special examination if thought advisable. Children who have changed their address or school are traced.

We are grateful to the Cinderella Club for giving a fortnight's holiday, at Hest Bank, Morecambe, to many necessitous children. A member of the School Health Service examined each child prior to travelling. The Victoria Convalescent Fund was helpful in providing children convalescing from accident or illness with a much appreciated stay at Craig Convalescent Home, Morecambe. Tribute must be paid to the N.S.P.C.C. for their help in persuading reluctant parents to have necessary medical attention for their children and in advising problem families. In 1956, four cases were referred to the Society compared with six cases in 1955.

Periodic Medical Inspections

(a) General Condition

The general condition of children examined at medical inspection during 1956 has been classified as follows:—

Age Groups Inspected			Number of Pupils Inspected	Satisfactory No.	Percentage of Col. (2)	Unsatisfactory No.	Percentage of Col. (2)
Entrants	..	..	4,236	4,191	99.0	45	1.0
2nd Age Group	..	..	4,615	4,598	99.6	17	0.4
3rd Age Group	..	..	2,498	2,489	99.6	9	0.4
Additional Periodic Inspections	..	..	5,588	5,587	99.9	1	0.0
Total			16,937	16,865	99.6	72	0.4

It is impossible to compare these figures with those of previous years as the group classification has been altered by the Ministry. The small number of children whose general condition was found to be unsatisfactory (0.4 per cent) indicates a very high standard of physique among the school children in the city.

(b) Diseases of the Skin

A total of 1,124 cases of skin disease was found at periodic inspections during 1956. Of these, 705 cases required treatment and 419 cases observation only. 479 cases were found at special inspections; 24 of these needed treatment. One case of ringworm of the body and five cases of scabies were treated by the Authority.

(c) Visual Defects and External Diseases of the Eye

At periodic and special inspections, 2,848 cases of defective vision were found, 1,120 being referred for treatment. 1,728 needed observation only, the latter group consisting mainly of children already wearing suitable glasses. 560 cases of squint were found and 287 cases of other eye disease. Comparison with the incidence in previous years may be of interest.

			Cases of Defective Vision	Squint	Other Eye Diseases
1952	..	..	2,395	545	532
1953	..	..	2,978	553	336
1954	..	..	2,539	524	315
1955	..	..	2,636	491	303
1956	..	..	2,848	560	287

(d) Ear Disease and Hearing Defects

During 1956, 279 cases of hearing defect were found at periodic inspections; 94 of these required treatment. At special inspections 64 cases were discovered, 32 needing treatment and 32 observation.

The total number of cases of otitis media found at all types of inspection was 213. 74 of these were referred for treatment. Other diseases of the ear numbered 196. The table below shows the comparable figures for previous years.

			Hearing Defect	Otitis Media	Other Ear Diseases
1952	..	..	183	82	180
1953	..	..	215	138	199
1954	..	..	243	258	257
1955	..	..	222	177	209
1956	..	..	343	213	196

(e) Nose and Throat Defects

The total number of children with defect or disease of nose and throat found at all inspections during the year was 1,539. Of these 624 needed treatment and 915 observation only.

(f) Defective Speech

182 cases of speech defect were found at periodic inspections and 34 at special inspections: 111 of these were referred for treatment.

(g) Lymphatic Glands (non-tuberculous)

Comparatively few cases of disease or defect of the lymphatic glands were found during 1956. The total was 296 of which only 46 required treatment.

(h) Heart and Circulatory Diseases

It is satisfactory to note that the number of cases of disease of heart and circulation found at medical inspections during 1956 again shows a decline.

Out of the 491 cases discovered at periodic and special inspections, 183 needed treatment. Previous statistics are shown in the table below:

			Total Number of Cases	Needing Treatment	For Observation Only
1953	..	..	735	336	399
1954	..	..	656	266	390
1955	..	..	544	196	348
1956	..	..	491	183	308

These figures do not include pupils at Lister Lane and Langley (Baildon) Special Schools for Physically Handicapped Children.

(i) *Lungs*

At periodic inspections 488 cases of non-tuberculous lung disease were found, 160 of these needing treatment. Of the 164 cases discovered at special inspections 121 required treatment.

(j) *Developmental Defects*

At periodic and special inspections 35 cases of hernia were found and 221 cases of other developmental defect: 13 hernia cases and 73 cases of other developmental defect were referred for treatment, the remainder being placed under observation.

(k) *Orthopaedic Defects*

A total of 1,642 orthopaedic defects was found at medical inspections during 1956; 702 of these needed treatment. Comparative numbers of the various types of orthopaedic defect since 1951 may be of interest.

		1951	1952	1953	1954	1955	1956
Posture	..	555	575	543	681	649	477
Feet	..	696	670	482	389	381	406
Other	..	769	816	768	839	792	759
Total	..	2,020	2,061	1,793	1,909	1,822	1,642

(l) *Nervous System*

At periodic inspections 42 cases of epilepsy were found, 19 of which required treatment, as did one case out of the 10 found at special inspections. A total of 393 cases of other disease of the nervous system was found during the year: 173 of these required observation only.

It will be noted that the number of cases of epilepsy has risen from 42 in 1955 to 52 in 1956. Those epileptics placed under observation were known to be already receiving suitable care and attention.

Scholars with defects in psychological development and stability numbered 345. Of these 153 required treatment.

(m) *Abdomen*

25 cases of abdominal disease were found at periodic inspections: only 4 cases needed treatment. No case of abdominal disease was found at special inspections.

(n) *Miscellaneous*

A total of 848 cases of defect or disease not coming under the above classifications was found during 1956. Of these 695 were referred for treatment and 173 put under observation.

Inspection of School Premises

							Conditions Found	
Items in Schools reported on:							County Schools Inspected	Voluntary Schools Inspected
							100	47
1. Surroundings:	Open	..	..	..	..	..	59	20
	Congested	..	..	..	..	..	41	27
2. Playground:	Adequacy	..	..	Satisfactory	..	..	74	29
				Unsatisfactory	..	..	26	18
	Surface	..	..	Satisfactory	..	..	75	32
				Unsatisfactory	..	..	25	15
	Tidiness	..	..	Satisfactory	..	..	95	44
				Unsatisfactory	..	..	5	3
	Condition of Dustbins			Satisfactory	..	..	94	41
				Unsatisfactory	..	..	6	6
3. Classrooms:	Number	..	..	Satisfactory	..	..	92	37
				Unsatisfactory	..	..	8	10
	Adequacy	..	..	Satisfactory	..	..	91	35
				Unsatisfactory	..	..	9	12
	Condition of walls and floors	..	..	Satisfactory	..	..	49	19
				Unsatisfactory	..	..	51	28
	Means of preventing and removing dust			Satisfactory	..	..	100	47
				Unsatisfactory	..	..	—	—
	Waste receptacles	..		Satisfactory	..	..	98	47
				Unsatisfactory	..	..	2	—
4. Desks:	Type	..	..	Satisfactory	..	..	92	46
				Unsatisfactory	..	..	8	1
	Suitability	..	..	Satisfactory	..	..	92	45
				Unsatisfactory	..	..	8	2
5. Blackboards:	..	..	..	Satisfactory	..	..	96	44
				Unsatisfactory	..	..	4	3
	Do surfaces shine?	..	Yes	..	..	..	7	8
			No	..	..	..	93	39

Items in Schools reported on					Conditions Found	
					County Schools	Voluntary Schools
					Inspected	Inspected
6. Ventilation:	Method	..	..	Natural ..	72	43
				Artificial ..	28	4
				Satisfactory ..	84	39
				Unsatisfactory ..	16	8
7. Lighting:	Natural	..	..	Satisfactory ..	89	40
				Unsatisfactory ..	11	7
8. Lighting:	Artificial	..	..	Satisfactory ..	87	35
				Unsatisfactory ..	13	12
9. Heating:	Method	..	..	Satisfactory ..	98	47
				Unsatisfactory ..	2	—
	Efficiency	..	..	Satisfactory ..	90	42
				Unsatisfactory ..	10	5
	Are room temperature charts kept up-to-date	..	..	Yes ..	7	1
				No ..	93	46
10. Medical Room:	..	..	..	Present ..	14	—
				Absent ..	86	47
11. Staff Rooms:	..	..	..	Satisfactory ..	85	19
				Unsatisfactory ..	15	28
12. Drinking Water:	Adequacy of cups, jets, etc.	..	..	Adequate ..	58	36
				Inadequate ..	42	11
13. Dining Rooms:	..	..	..	Present ..	60	19
				Absent ..	40	28
14. Wash Basins:	Number	..	..	Adequate ..	61	21
				Inadequate ..	39	26
	Suitability	..	..	Satisfactory ..	62	21
				Unsatisfactory ..	38	26
15. Towels:	Adequacy	..	..	Satisfactory ..	97	44
				Unsatisfactory ..	3	3
	Condition	..	..	Satisfactory ..	93	44
				Unsatisfactory ..	7	3
16. Showers:	..	..	..	Present ..	13	—
				Absent ..	87	47
17. Cloak Rooms:	..	..	..	Satisfactory ..	79	35
				Unsatisfactory ..	21	12
18. Drying facilities:	..	..	..	Present ..	47	25
				Absent ..	53	22
19. Sanitary Offices:	W.C.s	..	..	Adequate ..	67	26
				Inadequate ..	33	21
	Type	..	..	Satisfactory ..	97	43
				Unsatisfactory ..	3	4
	Condition	..	..	Satisfactory ..	78	34
				Unsatisfactory ..	22	13
	Method and efficiency of flushing	..	..	Satisfactory ..	97	38
				Unsatisfactory ..	3	9
	Number of W.C.s with bolts on inside of doors and sanitary bins reserved for older girls	..	..	Present and adequate ..	30	6
				Absent or inadequate ..	—	1
	Urinals	..	..	Adequate ..	65	33
				Inadequate ..	17	10
	Flushing	..	..	Satisfactory ..	54	35
				Unsatisfactory ..	28	8

School Clinics

Location of School Clinics in Bradford

Central School Clinic and Offices	28a Manor Row
Edmund Street Branch Clinic	20 Edmund Street, Little Horton Lane
Green Lane ,, ,,	Green Lane, Manningham
Lapage Street ,, ,,	Carrington Street, Bradford Moor
Odsal ,, ,,	55 Odsal Road
Saint Street ,, ,,	Saint Street, Great Horton
Usher Street ,, ,,	Usher Street, Wakefield Road
Bierley ,, ,,	Dunsford Avenue, Bierley
(Minor ailments only)	

The Central Clinic and Offices remain open five and a half days per week; branch clinics are open each morning from 9.0 to 10.0 a.m. for the treatment of minor ailments. A doctor is in attendance at each clinic (with the exception of Bierley) on Wednesday and Saturday mornings for consultations.

The interior of Manor Row premises was thoroughly repainted; this major contract was started in July.

Extra activities undertaken by members of the School Health Service included talks to parent-teacher associations, evening examination of children proceeding to Hest Bank Convalescent Home in Morecambe, examination of police court cases going to remand homes, supervision of the Residential Approved School for Delinquent Boys at Ilkley, certification of mental defectives with reports to the Mental Welfare Service and examination of prospective teachers with reports as required to the Ministry of Education.

The constant endeavour to help all types of handicapped children as early as possible was supported by information received from many sources, e.g. family doctors, the Maternity and Child Welfare Department and hospitals. Some needed official ascertainment as suitable for special schooling; a few, unfortunately, were ineducable.

A small number of pupils affected by cerebral palsy to a slight extent attend ordinary schools.

School Nursing

The names of the nursing staff are given at the beginning of the School Health Service Report.

Two members, in addition to the Superintendent and Deputy Superintendent Health Visitor/School Nurse, hold the Health Visiting Certificate.

The nursing staff employed by the Education Department are supported in school nursing duties by fourteen health visitors employed by the Health Department.

Assistance also is given with social investigations and research projects concerning school children by every member of the health visiting staff of the Health Department.

The duties of the school nurses have been as follows:—

- (a) Assisting the School Medical Officer at periodic and special examinations.
- (b) Following up by home visit where necessary any child found to have a defect and advising parents as to how treatment may be obtained.
- (c) Carrying out hygiene surveys.
- (d) Treating minor ailments in the school clinics.

In addition the staff have taken part in a number of research projects which have occupied a large proportion of their time. They are:—

- (1) The B.C.G. Vaccines Trials, involving mainly evening visits to 2,300 young people.
- (2) The National Survey on the Health and Development of Children born in March 1946. A cross-section throughout the country included forty Bradford children.
- (3) Glutamic Acid Trials. This entailed weekly visits to 130 children over a period of six months and required more than 3,000 home visits. In connection with this project many visits were paid to schools, and one nurse has spent many weeks assisting with the necessary tests and records.

The incidence of head lice infestation is gradually becoming less; parental care still falls short, but much care is given in the school clinics and at Canal Road Treatment Centre.

Quite a large number of children are given regular routine care of the hair in order to prevent the spread of infestation to their school fellows.

This has resulted in a decrease of the number found to have head lice, as the following comparison shows:—

1953	1954	1955	1956
4,453	4,074	3,448	3,144

Devoted service to achieve this result has been given by the four nursing assistants, who work under the direction of school nursing sisters and health visitors, and by the cleansing attendant at the Canal Road Treatment Centre.

Health Education

More and more time is required for health education. The school nurse health visitors have given talks to parent-teacher associations, church groups and women's associations.

In one of the girls' grammar schools a series of talks has been given to all age groups under the title of "Good Grooming" by the Health Education Officer.

Another member of the staff acted as secretary to a much publicized Teddy Boys' (and Girls') Club, organised at a Church Hall.

Students' Visits to Clinics and Schools

During the year student nurses, nursery training college students and health visitor students have visited the clinics and schools and gained much useful experience and knowledge from the visits and from the members of the staff who received them.

Summary of School Nurses' Work Sheets, 1956

Number of home visits:			
In connection with Medical Research Council's			
B.C.G. Vaccine Trials			1,080
In connection with head infestation and general			
hygiene			421
To follow up defects found			2,085
For hospital after-care			456
			4,042
Number of school visits:			
For inspection for head infestation and hygiene			
For preparation, weighing, measuring, vision			1,525
testing, etc.			719
			2,244
Number of personal inspections in schools:			
For head infestation and hygiene			
For preparation, weighing, measuring, vision			122,304
testing, etc.			26,934
			149,238

Defects discovered:

Head infestation—Slight	..	..	..	5,550
Heavy	..	..	..	1,103
				6,653

Other defects:

Uncleanliness of body	..	..	..	56
Ringworm	..	..	..	2
Scabies	..	..	..	1
Impetigo	..	..	..	40
Inflammatory eye conditions	..	..	..	48
Defective vision	..	..	..	314
Squint	..	..	..	41
Otorrhoea	..	..	..	10
Infectious diseases	..	..	..	2
Other conditions	..	..	..	138
Total defects	..			7,305

Immunisation

The total number of school children injected with diphtheria prophylactic at the school clinics or in schools during 1956 was as follows:—

First dose	..	..	..	805
Immunisation completed	..	..	..	622
Reinforcing dose	..	..	..	2,034

B.C.G. Vaccination

No. of acceptances	..	..	..	1,571
No. of children Mantoux tested	..	..	..	1,464
No. of children vaccinated	..	..	..	930

The practice of testing the sensitivity of five year olds to tuberculosis was continued during the year. 2,494 children had the jelly patch test applied, and of these only 64 were positive. The children who were positive reactors and their home contacts were followed up by the health visitors and the Chest Clinic, and were offered X-ray facilities in order to determine whether or not there was an active case of tuberculosis amongst them. As a result of this one confirmed and two probable active cases of tuberculosis were found amongst the contacts.

Analysis of cases seen by Mr. Benson, Ophthalmic Surgeon, and Dr. Robertson, Ophthalmologist, at the School Clinics

	Children of School Age	Pre-School Children	Total
Errors of refraction	1,137	7	1,144
Squint	395	61	456
Other defects.. .. .	15	—	15
	Grand Total		1,615
Referred to hospital for operation.. .. .	..	..	12
Referred to hospital for orthoptic treatment	..	..	62
Referred to Partially Sighted School	..	..	2
Number of pupils for whom spectacles were prescribed	..	..	875

During the year Mr. Benson examined all children in attendance at the Temple Bank School for Partially Sighted Children.

Special Educational Treatment

Bradford children accommodated in Institutions not maintained by
the Authority

<i>Institution</i>	<i>Handicap</i>	<i>Boys</i>	<i>Girls</i>
Sheffield School for the Blind, 20 Manchester Road, 10	Blind	1	—
York School for the Blind	"	4	1
Royal Normal College for the Blind, Roughton Castle, Shrewsbury	"	—	1
Royal National Institute for the Blind, Sunshine Home, Leamington Spa	"	—	1
Worcester College for the Blind	"	1	—
Condovery Hall School, Shrewsbury	Blind/ E.S.N.	2	—
	(1 boy left Dec. 1956)		
Burwood Park School, Hersham, Walton-on-Thames, Surrey	Deaf	1	—
St. John's School, Boston Spa, Yorkshire	"	1	1
St. George's Hostel, Vine Street, Salford.. .. .	Diabetic	1	—
Shaftesbury House, Rustington, Sussex	"	—	2
Colthurst House School, Warford, Alderley Edge, Cheshire	Epileptic	2	—
	(1 boy left Dec. 1956)		
Maghull Home, near Liverpool	"	1	—
Lingfield Colony, Lingfield, Surrey	"	2	2
Orton Hall, near Peterborough	E.S.N.	—	1
	(left Dec. 1956)		
Dr. Barnardo's Homes, Spring Hall, Ripon	"	1	—
Ian Tetley Memorial Home, Killinghall, Harrogate	P.H.	1	—
Hesley Hall School, Tickhill, near Doncaster	"	1	—
Children' Convalescent Home, West Kirby, Cheshire	"	—	1
	(left May 1956)		
Awaiting Admission:			
E.S.N. (Residential)	..	2	
Blind (on waiting list for Sheffield Blind School)	..	1	

Physiotherapy

Remedial exercises, electrical and ultra-violet ray treatment were carried out at Manor Row Central Clinic, Lister Lane Physically Handicapped Special School and Odsal Clinic by a Superintendent and three assistant physiotherapists, who also combined to take ante-natal relaxation and post-natal classes at Edmund Street Maternity and Child Welfare Clinic. In February one physiotherapist resigned for family reasons and, in October, another resigned. Unfortunately, only one part-time physiotherapist has come forward to help fill these vacancies. It is always an aim of the staff to treat cases as quickly as possible, but owing to shortage of staff a waiting list has accumulated since October.

At the Central Clinic 3,724 attendances were made by 194 children referred by school medical officers and family doctors. These came from:—

Grammar Schools	..	..	..	..	..	..	49
Secondary	„	..	..	..	..	..	51
Primary	„	..	..	..	..	..	75
Infants	„	..	..	..	..	..	17
Special	„	..	..	..	..	..	2

Types of cases treated:

Scoliosis	..	..	..	..	..	..	8
Foot conditions	..	..	..	..	..	..	105
Posture	..	..	..	..	..	..	51
Asthma	..	..	..	..	..	..	11
Mouth breathers	..	..	..	..	..	..	10
Chest conditions	..	..	..	..	..	..	5
Recent injuries	..	..	..	..	..	..	3
Abnormal gait	..	..	..	..	..	..	6
Torticollis	..	..	..	..	..	..	1

Discharges:

Cured..	..	..	..	..	..	..	32
Very much improved	..	..	..	..	..	..	62
Improved	..	..	..	..	..	..	38
Satisfactory	..	..	..	..	..	..	3
Unchanged	..	..	..	..	..	..	15
Referred to hospital..	..	..	..	..	..	..	2
Left school over age	..	..	..	..	..	..	1
Failed to attend when treatment arranged	..	..	..	..	..	..	7
Self discharged	..	..	..	..	..	..	24

At Odsal Clinic 343 attendances were made from:—

Secondary Schools	..	..	..	..	..	..	3
Primary	„	..	..	..	..	..	5
Infants	„	..	..	..	..	..	2
Special	„	..	..	..	..	..	2
Pre-school age	..	..	..	..	..	..	1

Types of conditions treated:

Foot conditions	..	..	..	..	..	..	4
Posture	..	..	..	..	..	..	5
Mouth breathers	..	..	..	..	..	..	2
Chest conditions	..	..	..	..	..	..	2

Discharges:

Declined treatment	..	..	..	..	..	..	3
Left school	..	..	..	..	..	..	1
Left district	..	..	..	..	..	..	1
Self discharged	..	..	..	..	..	..	10
Cured	..	..	..	..	..	..	18

CASES TREATED BY ARTIFICIAL SUNLIGHT, 1950

Defect	No. of Children	Average Age in Weeks	Minimum Age in Weeks	Maximum Age in Weeks	Number of Exposures (minutes)															Signs of Improvement	Result of Treatment							
					1	2	3	4	5	6	7	8	9	10	11	12	13	14	15									
																				Temperament	Energy	Sleep	Haemoglobin	Condition Cured	Condition Improved	No Change		
Anaemia ..	..	41	8.0	6.5	11.5	42	44	46	49	46	45	45	48	52	47	42	43	39	34	29	8	11	13	23	11	25	5	-
Anorexia ..	..	4	7.5	7.5	8.0	4	4	4	4	4	4	4	5	4	4	4	4	4	4	4	2	2	2	2	-	2	2	-
Asthma ..	..	6	8.5	6.0	10.5	6	6	7	8	6	9	10	8	9	6	6	5	5	6	5	-	3	3	5	-	5	1	-
Bronchitis ..	..	21	6.5	7.5	10.0	28	29	27	32	26	28	26	24	23	25	28	24	17	15	15	1	4	5	8	5	15	1	-
Bronchial Catarrh	..	27	8.0	5.5	10.0	32	32	34	35	32	31	30	30	36	28	36	30	24	25	17	4	10	4	10	4	21	1	1
Cervical Adenitis ..	..	2	9.5	9.5	10.0	8	3	3	4	4	4	3	2	3	2	2	2	2	1	1	1	1	1	1	-	2	-	-
Debility ..	..	15	8.0	7.0	10.0	15	19	18	16	17	18	17	18	18	16	17	17	16	13	13	5	7	6	10	4	10	1	-
Frequent Colds ..	..	67	8.0	5.0	14.0	69	73	78	78	73	81	76	81	91	85	75	71	64	48	40	10	20	24	23	25	33	3	1
Skin Diseases ..	..	19	7.5	6.5	11.5	18	19	22	24	24	23	22	23	23	25	20	20	21	18	9	3	6	7	10	7	10	1	1
Nasal Catarrh ..	..	12	7.5	7.0	8.5	15	15	17	15	17	15	16	16	17	16	16	16	15	12	6	2	2	4	7	5	7	-	-
Other Defects ..	..	64	8.0	6.5	11.5	64	71	66	77	78	77	74	75	74	77	70	68	64	56	36	10	14	21	33	24	36	3	1

CASES WHO RECEIVED ARTIFICIAL SUNLIGHT BUT FAILED TO COMPLETE COURSE

Defect	No. of Children	Average No. of Weeks	Minimum No. of Weeks	Maximum No. of Weeks	Number of Exposures (minutes)										Reason for Discontinuing Treatment						
					1	2	3	4	5	6	7	8	9	10	Purchased own Lamp	Defaulted	Advised to discontinue treatment	Declined Further Treatment	Own Doctor advised no further treatment	Own Doctor advised holiday abroad	Admitted to Hospital	Patient refused treatment
Anaemia	..	..	4.0	1.5	7.0	8	11	11	6	4	4	4	4	2	1	5	-	-	-	1	-
Anorexia	..	..	3.0	5.5	4.0	3	3	3	3	4	3	2	2	1	-	3	-	-	-	-	-
Asthma	..	..	1.0	5.5	3.0	2	2	1	1	1	3	1	-	-	-	1	1	-	-	-	-
Bronchitis	..	..	—	—	3.0	4	1	1	-	-	-	-	-	-	-	1	-	-	-	-	-
Bronchial Catarrh	..	..	—	—	2.5	1	1	2	1	-	-	-	-	-	-	-	1	-	-	-	-
Debility	..	..	2.0	0.5	3.5	3	3	2	2	2	1	-	-	-	-	2	-	-	-	-	1
Frequent Colds	..	..	3.0	0.5	5.5	13	13	10	7	4	5	2	2	1	-	9	-	2	-	-	-
Nasal Catarrh	..	..	—	—	4.5	2	2	2	1	1	1	1	1	-	-	-	-	1	-	-	-
Skin Diseases	..	..	5.5	5.0	5.5	3	3	3	4	3	3	3	2	4	1	2	-	-	-	-	-
Other Defects	..	..	3.5	1.5	7.5	13	15	15	10	8	7	9	5	4	3	9	1	-	1	-	-

Speech Therapy

During the year 204 children suffering from various disorders of language, voice and speech, received speech therapy. Most of these patients were seen at the Central Clinic in Manor Row; some were seen by Miss Ayrton during her weekly visits to the Odsal Clinic and the Lister Lane School. Altogether, attendances totalled 2,301. 84 patients were discharged during the year, 55 being completely adjusted, 14 were improved, but 15 made little or no improvement. Among the last group were those children whose parents showed insufficient interest.

Types of case dealt with. Approximately half of the children seen were handicapped by articulative defects. Amongst these were children with minor defects, only one or two sounds being defective (e.g. a defective 'r' or a lisp affecting 's'). On the other hand some of the children had severe articulative defects where many sounds were faulty and the child's speech was unintelligible. The causes of articulative defects are legion and include such factors as hereditary predisposition, a below average ability in learning and perfecting the movements of speech, low intelligence, hearing loss, defects of tongue, dentition and palate; in addition many speech disorders have an emotional background. A third of the children dealt with were stammerers and the remainder included disorders such as aphasia, cleft palate speech, disorders of resonance and voice, and the dysarthrias associated with cerebral palsy.

School visits. Head teachers are becoming increasingly aware of the scope of speech therapy as a clinical and educational service. During the past year the speech therapists have paid many more visits to schools at the specific request of head teachers. When a visit is made it is usual for the therapist to examine all the pupils suspected of having a speech difficulty. Many of the children seen are five- and six-year-olds, whose speech has not had sufficient time to mature. After a brief examination the therapist is usually able to say with confidence whether or not clinical treatment is indicated. Teachers can sometimes correct minor faults of speech within the school curriculum, and in this connection the therapist is always available to give advice. On the other hand, the speech therapist often seeks information from the teacher relating to named children receiving treatment. Discussions between teacher and speech therapist are especially important when emotional factors enter into the problem. The child's intelligence, educational attainments, social relationships and general behaviour may all need assessment at some stage in treatment.

The age factor. Publicity given to the need for prevention in preference to treatment is beginning to show results. Children below five years are being referred more frequently and with good results. The need for early referral applies particularly to children who have a tendency to stammer, and those with seriously delayed speech. There is a widely held, but erroneous and often groundless, belief that "children will outgrow such handicaps". Where children are referred at an early age, better and speedier results can be expected from treatment. It is encouraging that the average age of children under treatment continues to fall steadily.

Lip Reading

A Lip Reading Class was held each Monday, from 4.0 o'clock to 5.0 p.m., at the Manor Row Clinic, by teachers from the Odsal House School for the Deaf, to improve the lip reading of pupils in Bradford schools whose hearing was defective, but who did not need admittance to the Special School for the Deaf. Fifteen children attended for an hourly lesson; after a course lasting about a year they became sufficiently adept at lip reading to manage without undue strain at their usual schools.

Chiropody

During the year 270 patients attended Manor Row Clinic. Treatment was given during a three-hour session each Thursday morning to an average of 24 children. A total of 1,188 visits was recorded, each child making an average 4.5 attendances before discharge. Approximately 80 per cent of cases were verrucae.

A careful examination of the feet was carried out by Mr. Dalby to find structural or functional anomalies. In girls incipient Hallux Valgus was frequently seen; among other conditions observed were retracted toes producing metatarsal pain, and deformities such as hammer toe and clawing.

Linton Residential Special School for Delicate Pupils

Accommodation was provided for 90 delicate and 30 maladjusted children.

The following figures indicate the state of health since 30th September, 1955:—

Total number of days when children were confined to bed	319
Average number of cases in bed during year	1
Seen by specialist	7
X-ray examination of chest by Dr. Donaldson of Grassington Sanatorium	3

Teeth extractions were arranged, when not urgent, during holidays in Bradford.

At the medical inspection in September 1956 the following cases were in residence:—

Nasal and bronchial catarrh	40	Bronchitis	26
Cervical adenitis	4	Otorrhoea	13
Post-sanatorium cases	1	Petit mal	1
Chronic eczema	6	T.B. suspects	5
Asthma	12	Anorexia	30
Anaemia	38	Debility	32
Chorea	8	Rheumatism	10
Bronchiectasis	18	Chronic blepharitis	7
Gingivitis	2	Congenital heart	1

Three medical inspections were carried out in March, July and September by Dr. Langley. Dental inspection twice—Mr. Morrell.

There were no infectious diseases among scholars nor staff. Children admitted to Linton because maladjusted were reviewed by the Child Guidance personnel; whenever necessary individual cases travelled by bus to the Child Guidance Clinic in Bradford. Ten children were enuretic regularly, eight intermittently, despite usual treatment.

Dr. Wynn, of Addingham, visited regularly and provided usual domiciliary medical treatment; he attended promptly whenever requested by telephone. Miss Wilson, S.R.N., kindly rendered First Aid to all resident adults whenever necessary; it is hoped that this voluntary attention will be regularised when the National Camps jurisdiction closes, and Bradford Education Authority employs the entire staff.

Lister Lane Special Day School for Physically Handicapped Pupils

There were 160 children on roll, from three years of age to sixteen, suffering from the following disabilities:—

Infantile paralysis	Amputations
Spastic paralysis	Perthe's disease
Osteomyelitis	Cardiac diseases
Spina bifida	Haemophilia
T.B. of bone and joints	Chorea
Talipes	Asthma
and other disabilities.	

During the year 16 children had sufficiently improved to be transferred to ordinary schools; two girls were admitted to Grammar Schools and three scholars obtained suitable work on reaching sixteen years of age.

Admissions and discharges were arranged by the Senior School Medical Officer. Dr. Walker visited once a month. Mr. Naylor and Mr. Wishart, the two Orthopaedic Consultants, each visited the school monthly; they formed a direct link with hospital facilities. Regular treatment was given by the two school physiotherapists.

Much improvement has been achieved among the young cerebral palsy children with speech defects by the Speech Therapist, who visited once a week to give individual treatment.

The school nurse supervised each child as instructed by the doctor; she also visited the homes of our pupils to ensure the co-operation of the parents. This close contact between school and home has been helpful in bettering the physical condition of each child.

The organisation of the school was suited to the special conditions obtaining here. In the seven classes the children were graded mainly according to age, but sometimes according to ability and aptitude.

The curriculum carried out was as near to that of an ordinary school as possible, notwithstanding many interruptions of physiotherapy. Naturally, a wide range of ability is found in each class, but the teacher worked so that each child was cared for. All children were helped to overcome their handicaps in the classroom as well as the physiotherapy department, and to enjoy work and play as fully as possible. Children who remained until 16 years of age were trained for suitable congenial occupations where independence can be developed. In the commercial, housecraft and manual classes, the senior boys and girls found an outlet in their own particular sphere. The teachers encouraged them to develop accordingly, and stimulated maturity of thought as well as execution of practical schemes.

In the classroom work has been greatly helped by the provision of specially designed desks. The framework of the desk is made in tubular steel with telescopic legs and adjustable top. Each is fitted at the side with a locker and pen box. As 15 per cent of our children are left-handed, we have catered for those by having a locker fitted on the left side of the desk.

The weekly swimming classes for senior and junior scholars have been very beneficial. We had our own competitions with 1st, 2nd and 3rd class awards.

One eight-year-old boy, suffering from poliomyelitis, gained a prize in a national handwriting competition, whilst certificates of merit were awarded to several children in the local painting competition.

This Special School now considers itself part of a large community, not set apart as something different. The days of the pitying and sheltering atmosphere are gone, now we encourage the more bracing attitude and approach. This modern trend at Lister Lane is helping to develop the potentialities of our children, so that they may take their place in the world, eager to work and contribute to the common good.

Baldon Residential School for Physically Handicapped Pupils

The past year has been free from respiratory or other infections, though there were frequent changes among the average number of 25 intern pupils. Professional care was maintained by Dr. R. L. Langley, Consultant Paediatrician, and Dr. R. Woodhead. The Senior School Medical Officer arranged admissions and discharges.

Twenty new admissions included fourteen post-rheumatic fever patients suffering from cardiac complications, two chorea, one congenital mitral stenosis, one torn aortic valve attributed to sudden exertion, two bronchiectasis. Nineteen were discharged; of these three were transferred to Lister Lane Special Day School, eight were fit to attend ordinary schools, one gained a scholarship to Keighley Technical School, four left on becoming sixteen years of age, one returned to St. Luke's Hospital for further treatment, two were taken home at parent's request, but one of the last mentioned two children required re-admission.

A few pupils, unable to walk from ground floor dormitories to first floor classrooms, were, for lack of a lift, gallantly carried upstairs by nurses. Juvenile television programmes formed a popular prelude to bedtime.

Some wards were repainted; replacement of cellar boiler gave hot water cleaner than previously tolerated. Pupils able to be up and about were taken on several safeguarded outings, notably a coach trip to Hawes, accompanied by teacher and part of the nursing staff. Mrs. Thompson, our local patron, continued sending presents to all the children at Christmas, seasonal fruits and cream, also bars of chocolate.

McMillan Special School for Educationally Sub-normal Pupils

The number on roll continued to increase, reaching a peak this year of 237. Fortunately, staff changes were fewer than in the previous two years.

Due to the mild weather health has been good and attendance well maintained. An economy in the use of school time was achieved by children with minor ailments attending Manor Row Clinic at 4.0 p.m. instead of during morning session. Continued regular visits by the nurse resulted in an exclusion because of louse infection being a rarity. Much interest was aroused among parents and teachers in the Glutamic Acid tests carried out with a number of our children.

Six children (2 girls, 4 boys), having good academic attainments, were submitted for re-examination; temperamental difficulties prevented their return to ordinary schools. One boy, having been in the hands of the police for moral offence, was re-examined and removed from school as a social and moral danger. One girl was adversely affected by a senior girl undergoing repeated severe epileptic fits. Six children (4 girls, 2 boys) were discharged following ascertainment as ineducable.

The exhibition of school work at the end of Xmas term included new features introduced to the curriculum during the past year. Pottery products, fired in our own kiln, lamp stands and stool legs turned on the treadle-lathe, were shown by senior boys' classes. Over eighty visitors on different occasions saw the school at work during Xmas term, including doctors, health visitors, teachers and students. During spring term we were honoured by a visit from the Lord Mayor and Lady Mayoress, the Chief Constable, the Director of Education, the Senior School Medical Officer and the Chief Education Inspectress. Products from our gardens made a creditable feature at the whole city's School Gardening Exhibition.

Good weather favoured both days when seniors and juniors visited Bridlington in the summer term. Three children, aged nine to eleven years, then saw the sea for the first time.

Thanks to contributions by parents and staff the Xmas parties were well financed. The senior girls' housecraft class was responsible for catering, and few crumbs were left uneaten.

Odsal Special Day School for Deaf Pupils

During the year 1956 the average number on roll was 104. The school has run in two parts, consisting of six classes for profoundly deaf children, and four classes for partially deaf. There has been a steady admission of infants to our two nursery classes for under five-year-olds. The children leaving school have all been satisfactorily placed, and are working well. For the first time we sent a born-deaf girl for further training after leaving school at sixteen years of age; this Patricia Normington was accepted as a full-time student at the Leeds College of Food Technology, where she is making good progress in the course for Hotel Management. There have been several changes of staff during the year, but the flow of recruits did not fail.

Chief among many extra activities was the visit to London last March, when 18 children, accompanied by 8 teachers, spent 5 crowded interesting days in London. The Scout Troop continued to flourish; all the members went to camp. Many parties of visitors to Odsal House included teachers in training, student nurses, health visitors, and university diploma students. We were especially delighted to welcome some of the members of H.R.H. The Duke of Edinburgh study group; as a memento of their visit we now have an attractive aquarium, complete with goldfish. A successful swimming gala was attended by parents and friends. The Harvest Festival Service was held in September, after which gifts were taken to various hospitals in the city and to the Home for the Aged Deaf in Rawdon.

As a result of the talent-spotting visit of Sandy Sandforth of the B.B.C., three children were invited to London for an audition, and two children subsequently appeared on a TV programme. The second School Speech Day was held in November, when a large audience of visitors, parents and friends supported the children. The school year closed with the annual Christmas Party, at which Father Christmas distributed presents.

The Royal Eye and Ear Hospital again gave excellent service with the hearing aids, and several visits were made to Mr. Otty for consultation, etc. Regular visits by the school nurse helped to maintain a high standard of ear hygiene, resulting in a diminution of chronic otorrhoea. Periodic medical inspections showed that the children were becoming taller, heavier and healthier as a result of the care and attention they received, their excellent school meals and the bracing atmosphere of Odsal House.

Temple Bank Special School for Partially Sighted Pupils

During 1956 the average number on roll was 64; 11 children were admitted and 9 left. Of those who left:—

3 were transferred to normal schools;

4 were discharged at 15 years of age;

2 were discharged at 16 years of age.

The six leavers found work as apprentice park gardeners, junior clerks, mill hands, shop assistants and engineering apprentices.

Attention was given every two months by either Mr. Benson or the Clinic ophthalmologist. A general medical inspection was held in February; Mrs. Brook tested dull pupils; advice was given to the school by Mr. Averill and Mr. Mawson. The school buildings were painted externally during the year; the kitchen was virtually re-constructed and painted.

McMillan College students, who visited the school, were given the opportunity of some teaching in order to make personal contact with the children; most found this more interesting than passively listening and watching.

There was a considerable increase in reading material received during the year. On two occasions groups of children went to St. George's Hall to concerts organised by Mr. Hankin. Bookcrafts was started with junior and senior boys. In a painting competition, organised by the S.P.G., the school was awarded 3 certificates and one 10/- book token.

The staff manifested their keenness in various directions: Miss Parkinson attended a two-term evening course at Leeds University for teachers of backward children; Mr. Firth attended an evening course for bookcrafts; Miss Bradley attended a needlework course.

School Dental Clinic

H. V. MORRELL, L.D.S., R.F.P.S. (Glas.)

It was with considerable pleasure to all concerned that the alterations and modernisation of the Dental Department, in Manor Row Clinic, were completed in July 1956. The Clinic now possesses the fundamental features which lend themselves to economic and efficient working. A corridor separates the surgeries from a pleasant waiting room and provides a separate exit for patients. A dark room has been constructed, which makes easier the work in connection with X-ray development, which is a great convenience. With X-ray apparatus now available within the Clinic, it has become a simple matter to obtain

the desired photographic record of the patients' dental condition with minimum delay. Before commencing orthodontic treatment radiographs are often a great aid in determining the course of treatment. The new X-ray machine has been much appreciated; excellent radiographs can be obtained, even for the youngest patients. The dental staff appreciate the invaluable and enthusiastic co-operation of the Architect's Department, which enabled them to carry on the dental service in improvised surgeries during the alterations. There have been several changes in staff during the year. Mr. Charles Parker resigned his appointment in October, in order to study for the Fellowship examination in dental surgery at the Royal College. Towards the end of the year Mrs. Frazer was appointed to the staff as an orthodontist; Mrs. Frazer had previously been on the staff before going to London to specialise in orthodontic work. Mrs. Chomse rejoined the staff in October after an absence of twelve months.

Dental inspections are conducted in the schools by the aid of probe and mirror. This method of inspection enables a large number of children to be dealt with; consequently disorganisation of the school work is reduced to a minimum, a fact very much appreciated by the head teachers. An appropriately worded form is given to each child found to require treatment, a space for parental consent is left at the bottom of these forms, and those that are signed are collected by the teacher and forwarded to the Clinic offices, where appointments are made as quickly as possible. Treatment has been carried out on similar lines to previous years. This consists of the extraction of septic and aching teeth, the filling and preservation of permanent teeth which are deemed suitable. The total number of children inspected in the schools was 19,640 and a further 6,935 children were inspected at the Clinic prior to urgent treatment. The number found to require treatment was 15,122, whilst the number actually treated at the Clinic was 10,632, who made 13,708 attendances for this purpose. 2,417 children promised to obtain treatment from private sources when the defects were pointed out to them. A brief summary of the work shows 2,278 fillings were inserted in permanent teeth, 5,477 permanent teeth were extracted and 12,334 temporary teeth extracted; in addition 793 other operations were completed. An anaesthetic is always given for the extraction of teeth, either local or general (nitrous oxide and oxygen) according to the severity of the operation. It is interesting to note that 10,933 children were treated by the aid of general anaesthetics during 1956. Straightening of the teeth also has an important place in the line of treatment undertaken.

Mrs. Frazer, B.CH.D., ORTH. R.C.S., reports:—

Judging from the number of people coming to the clinic asking for "their teeth to be straightened", i.e. orthodontic treatment, Bradford parents are becoming increasingly aware of this side of dentistry. A survey at the clinic has recently been equipped for an orthodontist, so that every type of appliance, removable and fixed, can be used. This means that we can now treat the more difficult as well as the simpler cases. Treatment time varies from one month to as much as two years and more, depending on the severity of the malocclusion, the skeletal pattern, muscle morphology, age, etc. A clean mouth, with fillings completed, is essential before commencing treatment. Co-operation from patients and parents so far has been found to be very good.

The Dental Department at the Odsal Clinic continues to progress and is much appreciated by the parents in that area. Mr. Metcalfe, L.D.S., R.C.S., reports:—

Ten sessions each week were devoted to the School Dental Service. During 1956 a total of 4,057 children were examined in school, of whom 1,062 were referred to the clinic. 645 promised to receive treatment from private practitioners, and 130 were found to be under a course of treatment at the Odsal Clinic or under the West Riding Authority's Service. Emphasis was again laid upon preventive and conservative treatment; it is gratifying to note an improvement in oral hygiene in many cases, and also to note that quite a large number of parents whose children have been rendered dentally fit show an anxiety to maintain that desirable condition. The total attendances made at the clinic were 2,642; a summary of the work shows that 1,110 fillings were completed, 439 permanent teeth were extracted, 474 deciduous teeth were extracted. For these extractions a general anaesthetic was administered in 418 cases, the rest being accomplished under a local anaesthetic. Other operations were performed in 216 cases, these being scaling and polishing of the teeth, treatment of gum conditions, the taking of X-ray films, the construction of partial dentures and the draining of dental abscesses with frequent dressing and filling of root canals. In September four new schools were opened in the area covered by the clinic, viz. Wibsey Junior, Shirley Manor, Buttershaw Comprehensive and St. Winifride's Roman Catholic School. Two of these (Wibsey and Shirley Manor) have already been inspected, in addition to all the other schools in the area, and it is proposed to visit the other two at an early date in 1957. Splendid co-operation has again been received from the head teachers and staff of all schools visited, and

this has greatly facilitated the work of the Department. The appointment system, under the direction of the Dental Attendant, has continued to function smoothly.

The teeth of the children attending Linton Residential School were inspected twice during the year in December and July. Treatment was carried out at the clinic when the children were in Bradford during the school holidays. The teeth and gums were in very good condition and only a small amount of repair work was necessary.

Moorland House Approved School, Ilkley, was visited twice in the year, and again excellent results were noted in the dental condition of the boys. In conclusion, it is gratifying to note that steady progress is being made and the School Dental Service continues to fulfil a great need among the children of the city.

Appendix

Medical Inspection Returns

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools):—

A. *Periodic Medical Inspections*

Age Groups inspected and Number of Pupils examined in each :

Entrants	..	..	..	..	4,236
Second age group	..	..	..	..	4,615
Third age group	..	..	..	..	2,498
Total					11,349
Additional periodic inspections	..	..	..	..	5,588
Grand total					16,937

B. *Other Inspections*

Number of special inspections	..	..	..	..	3,575
Number of re-inspections	..	..	..	..	2,709
Total					6,284

C. Pupils found to Require Treatment

Number of Individual Pupils found at Periodic Medical Inspection to Require Treatment (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected					For defective vision (excluding squint)	For any of the other conditions recorded in Table III.	Total individual pupils
Entrants	..	..	..	..	49	789	816
Second age group	..	..	..	..	288	727	965
Third age group	..	..	..	..	184	387	531
Total	..	..	..	..	521	1,903	2,312
Additional periodic inspections					327	727	1,003
Grand total					848	2,630	3,315

D. Classification of the Physical Condition of Pupils Inspected in the Age Groups recorded in Table IA.

Age Groups Inspected		Number of Pupils Inspected		Satisfactory % of		Unsatisfactory % of	
(1)		(2)	No. (3)	Col. (2) (4)	No. (5)	Col. (2) (6)	
Entrants	..	..	4,236	4,191	99.0	45	1.0
Second age group	..	..	4,615	4,598	99.6	17	0.4
Third age group	..	..	2,498	2,489	99.6	9	0.4
Additional periodic inspections	..	..	5,588	5,587	99.9	1	0.0
Total	..	..	16,937	16,865	99.6	72	0.4

TABLE II
Infestation with Vermin

(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	..	..	..	122,304
(ii)	Total number of individual pupils found to be infested	..	..	..	3,144
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	..	..	..	—
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	..	..	..	—

TABLE III

Return of Defects found by Medical Inspection during the year.

A. PERIODIC INSPECTIONS

Defect Code No.	Defect or Disease	Periodic Inspections				Total (including all other age groups inspected) requir- ing treat- ment	
		Entrants	Leavers	Requir- ing treat- ment	Requir- ing observa- tion	requir- ing treat- ment	requir- ing observa- tion
4	Skin	124	84	144	57	705	419
5	Eyes:						
	(a) Vision ..	49	56	184	245	848	1,488
	(b) Squint ..	74	111	19	39	173	341
	(c) Other ..	25	11	22	8	123	47
6	Ears:						
	(a) Hearing ..	34	89	12	21	94	185
	(b) Otitis Media	18	55	14	8	62	138
	(c) Other ..	9	16	11	7	41	53
7	Nose and throat ..	240	409	36	59	419	868
8	Speech	61	53	6	7	84	98
9	Lymphatic Glands	17	123	1	27	23	239
10	Heart	36	74	18	41	111	272
11	Lungs	88	145	13	36	160	328
12	Developmental:						
	(a) Hernia ..	2	8	2	1	13	22
	(b) Other ..	7	22	9	14	67	140
13	Orthopaedic:						
	(a) Posture ..	6	16	28	50	193	253
	(b) Feet.. ..	18	25	35	18	201	118
	(c) Other ..	64	105	31	74	196	512
14	Nervous system:						
	(a) Epilepsy ..	6	8	1	4	19	23
	(b) Other ..	62	50	20	19	156	143
15	Psychological:						
	(a) Development	16	17	1	2	20	33
	(b) Stability ..	16	25	—	4	29	68
16	Abdomen	—	11	2	2	4	21
17	Other	12	10	9	10	79	68

B. SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease				Special Inspections Requiring Treatment	Requiring Observation
4	Skin	..	..	..	455	24
5	Eyes:					
	(a) Vision	..	..	..	272	240
	(b) Squint	..	..	..	30	16
	(c) Other	..	..	..	104	13
6	Ears:					
	(a) Hearing	..	..	..	32	32
	(b) Otitis Media	..	..	..	12	1
	(c) Other	..	..	..	92	10
7	Nose and throat	..	..	..	205	47
8	Speech	..	..	..	27	7
9	Lymphatic glands	..	..	..	23	11
10	Heart	..	..	..	72	36
11	Lungs	..	..	..	121	43
12	Developmental:					
	(a) Hernia	..	..	..	—	—
	(b) Other	..	..	..	6	8
13	Orthopaedic:					
	(a) Posture	..	..	..	19	12
	(b) Feet..	..	..	..	54	33
	(c) Other	..	..	..	39	12
14	Nervous system:					
	(a) Epilepsy	..	..	..	1	9
	(b) Other	..	..	..	64	30
15	Psychological:					
	(a) Development	..	..	..	63	70
	(b) Stability	..	..	..	41	21
16	Abdomen	..	..	..	—	—
17	Other	..	..	..	596	105

TABLE IV

Treatment of Pupils attending Maintained Primary and Secondary
Schools (including Special Schools).

Group 1—Eye Diseases, Defective Vision and Squint

						Number of cases known to have been dealt with	
						By the Authority	Otherwise
External and other, excluding errors of refraction and squint	..	..	..	..	..	323	15
Errors of refraction (including squint) ..	..	..	..	..	..	492	1,532
Total						815	1,547
Number of pupils for whom spectacles were prescribed						298	875

Group 2—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment:		
(a) for diseases of the ear	—	120
(b) for adenoids and chronic tonsillitis	—	1,451
(c) for other nose and throat conditions	—	240
Received other forms of treatment	292	—
Total ..	292	1,811
Total number of pupils in schools who are known to have been provided with hearing aids:		
(a) in 1956		23
(b) in previous years.. .. .		121

Group 3—Orthopaedic and Postural Defects

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patient departments	150	58

Group 4—Diseases of the Skin (excluding uncleanness, for which see Table II)

	Number of cases treated or under treatment during the year by the Authority
Ringworm— (i) Scalp	—
(ii) Body	1
Scabies	5
Impetigo	112
Other skin diseases	1,266
Total ..	1,384

Group 5. Child Guidance Treatment

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority	107
--	-----

Group 6. Speech Therapy

Number of pupils treated by Speech Therapists under arrangements made by the Authority	201
---	-----

Group 7. Other Treatment Given

(a) Number of cases of miscellaneous minor ailments treated by the Authority	1,493
(b) Pupils who received convalescent treatment under School Health Service arrangements	365
(c) Pupils who received B.C.G. vaccination	930
(d) Other than (a), (b) and (c) above (specify):	
Other defects and diseases	925
Pupils treated by Chiropodist	270
Total (a)–(d) ..	3,983

TABLE V

Dental Inspection and Treatment carried out by the Authority:

(1)	Number of pupils inspected by the Authority's Dental Officers:							
	(a)	At periodic inspections..	..	..	..	..	..	19,640
	(b)	As specials	..	..	..	..	..	6,935
							Total (1) ..	26,575
(2)	Number found to require treatment ..							15,122
(3)	Number offered treatment ..							14,046
(4)	Number actually treated ..							10,632
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11 (h) overleaf..							13,708
(6)	Half-days devoted to—Periodic (School) Inspection ..							187
		Treatment ..	..	..	..	..	2,051	
							Total (6) ..	2,238
(7)	Fillings—Permanent teeth ..							2,278
		Temporary teeth ..	..	..	..	..	11	
							Total (7) ..	2,289
(8)	Number of teeth filled—Permanent teeth ..							1,908
		Temporary teeth ..	..	..	..	..	9	
							Total (8) ..	1,917
(9)	Extractions—Permanent teeth ..							5,477
		Temporary teeth ..	..	..	..	..	12,334	
							Total (9) ..	17,811
(10)	Administration of general anaesthetics for extraction ..							10,933
(11)	Orthodontics:							
	(a)	Cases commenced during the year ..	..	..	..	..	63	
	(b)	Cases carried forward from previous year ..	..	..	..	..	36	
	(c)	Cases completed during the year ..	..	..	..	..	26	
	(d)	Cases discontinued during the year ..	..	..	..	..	9	
	(e)	Pupils treated with appliances ..	..	..	..	..	100	
	(f)	Removable appliances fitted ..	..	..	..	..	98	
	(g)	Fixed appliances fitted..	..	..	..	..	7	
	(h)	Total attendances ..	..	..	..	..	624	
(12)	Number of pupils supplied with artificial dentures ..							32
(13)	Other operations—Permanent teeth ..							780
		Temporary teeth ..	..	..	..	..	13	
							Total (13) ..	793

Annual Report of the Director of the Bradford Child Guidance Clinic for the year ended March, 1957

Psychiatrist and Director: Dr. Irene Turgel, M.D. (4 sessions per week),
Educational Psychologist: Mrs. B. W. Brook, B.A. (full-time),
Psychiatric Social Worker: Miss I. Mellor, P.S.W. (full-time).

STAFF: This, my first report, must regrettably record a number of staff changes. My own appointment, which was *in loco* from the 4th May 1956, became permanent only during October; while temporarily employed I worked for only two sessions a week, but during the second half of the year this became four sessions. Until the end of October the Clinic had the services of Mrs. Shapland, a Social Worker; during November and December we were again short-staffed until on 1st January we were fortunate enough to secure the services of Miss Mellor, but as she joined the staff, Mrs. Brook (who had been with the Clinic since 1949) took leave of absence for maternity reasons and later resigned. There has never therefore been a full team during the whole twelve months and continuity has been difficult to maintain; without the efficiency of the secretary, Miss Bancroft, it would have been even more difficult and I would especially wish to acknowledge her assistance.

Naturally work cannot be done by a skeleton staff that a full establishment can accomplish, but it has gone on, in spite of the handicaps, in the Clinic, the homes and the schools.

In the last report of my predecessor he drew attention to the unsatisfactory situation which has arisen in many Child Guidance Clinics because of the "enormous expansion of the child guidance services". The danger as he saw it was that because of the pressure of work, too frequently is a diagnosis made and there the matter left. My own method is to see those cases which the Psychiatric Social Worker or the Educational Psychologist deem to be most urgent, and to give them my fullest attention. This results in fewer children being seen but most of these children are seen as many times as necessary. Children referred from the Juvenile Court for a psychiatric report naturally have to take priority over referrals from other agencies. I welcome the increasing tendency of Magistrates to appreciate the necessity for investigating the causes of delinquency before passing judgment, and any interruption in the treatment of regular patients on this account is accepted as unavoidable.

Finally I would like to say how much I appreciate the commodious premises. I look forward to their being redecorated before long in the gay colours of some of the City's schools.

TABLE 1 *Summary of Cases referred*

Schools	22
Parents	23
School Health Department	46
Family doctors	27
Probation Office and Juvenile Court	22
Education Department	13
Children's Officer	5
Hospitals	7
Psychologist	1
Other Child Guidance Clinics	2
Other Social Agencies	3
	171

TABLE 2 *Symptoms for which referred*

Stealing	37
Aggressive and difficult behaviour	49
Evasive behaviour problems, truancy, lying, refusing to go to school	15
School failure and backwardness	10
Anxieties, fears, shyness and depression	7
Enuresis and soiling	26
Psychosomatic disorders	9
Sleep disturbances	4
Nervous habit disorders	5
Regressive behaviour	1
Sexual aberrations	6
Physical disorders—epilepsy	1
Sibling jealousy	1
	171

Analysis of 53 Children (30 boys and 23 girls) Seen by Psychiatrist

A. CLASSIFICATION ACCORDING TO MAIN SYMPTOM

	<i>Admitted between April 1956 and March 1957</i>		<i>Total</i>
	<i>Boys</i>	<i>Girls</i>	
1. Delinquency (stealing, lying, truancy, sex demeanour—including 9 Court cases)	13	4	17
2. Behaviour disorders (aggressive, out of control, negativistic)	9	6	15
3. Psychosomatic disorders (functional pains, pains, enuresis, soiling, skin disorders)	1	6	7
4. Nervous and neurotic manifestations (sleep disorders, anxiety states, obsessional neurosis, hysterical conditions)	4	4	8
5. Inadequate personalities	1	2	3
6. Educational backwardness and/or general immaturity	2	1	3
	30	23	53

B. CLASSIFICATION ACCORDING TO AETIOLOGY

		<i>Admitted between April 1956 and March 1957</i>		<i>Total</i>
		<i>Boys</i>	<i>Girls</i>	
1.	<i>Primarily in the Child:</i>			
1.	Organic defects or disorders of the central nervous system	1	1	2
2.	General immaturity and/or intellectual retardation	1	2	3
3.	Emotional instability or temperamental abnormalities (including schizoid and psychopathic personalities)	10	8	18
4.	Emotional reactive processes:			
(a)	Mental conflicts	7	8	15
(b)	Anti-social character formation ..	2	—	2
(c)	Traumatic experiences, including early separation	2	—	2
2.	<i>Primarily in the Environment:</i>			
1.	Faulty family relationships	3	3	6
2.	Inadequate environment	2	1	3
3.	School	2	—	2
		30	23	53

C. ADMITTED BETWEEN APRIL 1956 AND MARCH 1957—

	<i>Children</i>
	53
Seen for diagnosis only (not more than two inter-views)	10
Taken on for treatment	43
Discharged during the year	9
Carried forward	34

D. STATUS ON CLOSURE

	<i>Children</i>
Improved	3
Place in Approved School	4
Unco-operative	1
Left the district	1

E. DISTRIBUTION OF INTELLIGENCE

I.Q.	85 or under	..	..	..	..	11	=22%
	86—95	..	..	..	..	17	} =64%
	96—105	..	..	..	..	6	
	106—115	..	..	..	..	9	
	116—125	..	..	..	..	2	} =14%
	126 and over	..	..	..	..	5	
	3 cases were not tested.						

Mental Welfare

ADMINISTRATION

CONSTITUTION AND MEETINGS OF COMMITTEE
STAFF

CO-ORDINATION WITH REGIONAL HOSPITAL
BOARD, ETC.

DUTIES DELEGATED TO VOLUNTARY ASSOCIA-
TIONS

TRAINING

WORK UNDERTAKEN IN THE COMMUNITY

PREVENTION, CARE AND AFTER-CARE

UNDER LUNACY AND MENTAL TREATMENT ACTS

UNDER MENTAL DEFICIENCY ACTS

GUARDIANSHIP AND SUPERVISION

OCCUPATION AND INDUSTRIAL CENTRES

EVENING CLUB

AMBULANCE SERVICE

Mental Welfare

(Section 51, National Health Service Act, 1946)

H. V. BURKE, D.P.A., A.C.C.S., *Mental Welfare Officer*

Administration

(a) Constitution and Meetings of Committee

The Service is administered by a Mental Health Sub-Committee of the Health Committee comprising twelve elected members of the Council and three co-opted members. Quarterly meetings were held during the year.

(b) Staff employed in the Mental Health Service

Medical Officer for Mental Health (vacant)
Mental Welfare Officer
One Senior Duly Authorised Officer
Three Duly Authorised Officers
One Psychiatric Social Worker (part-time)
One Mental Deficiency Social Worker
One Occupation Centre Supervisor
Seven Assistant Occupation Centre Supervisors
One Physiotherapist (part-time)
One Industrial Centre Instructor
Two Industrial Centre Assistant Instructors
Clerical Staff (two)

(c) Co-ordination with Regional Hospital Board and the Hospital Management Committees

Close co-operation has existed between the local hospital management committees and kindred bodies and the local authority.

Consultations have been held with the Regional Hospital Board regarding the services of consultants both in the field of mental deficiency and mental illness, and it is hoped to utilise the part-time services of the Medical Superintendent of Westwood Hospital, when such an appointment is made, in the field of mental deficiency. In regard to the services of a consultant psychiatrist in the field of mental illness, there is no immediate prospect of our requirements being met, although efforts are still being made. In the meantime the services of the psychiatrists of Menston Hospital are used as available from time to time.

(d) Duties Delegated to Voluntary Associations

There are no duties delegated to voluntary associations, but a grant is made by the Council to the National Association for Mental Health, the local Marriage Guidance Council, and assistance in regard to accommodation has been afforded to the local branch of the National Spastics Society.

(e) Training of Mental Health Workers

Facilities for practical training in the Occupation and Industrial Centres were once again afforded to students of the diploma course for occupation centre supervisors promoted by the National Association for Mental Health.

One of the Duly Authorised Officers is attending the current study course for mental welfare officers organised by the National Association for Mental Health (Northern Branch) in conjunction with the Department for Extra-Mural Studies of the University of Leeds. It is hoped to second another officer of the staff to next year's course.

Work Undertaken in the Community, etc.

(a) Prevention, Care and After-Care

The appointment of our first psychiatric social worker was made early in the year, but the officer was obliged to leave the Department for domestic reasons for a few months shortly afterwards. Nevertheless, the comparatively short experience of having a psychiatric social worker in the Service confirmed our previous views that the Service cannot be expected to function as it should without properly qualified and experienced staff on the casework side (i.e. as distinct from the statutory duties of the duly authorised officers under the Lunacy and Mental Treatment Acts, 1890 to 1930, and of the Mental Welfare Officer in regard to orders and petitions etc., under the Mental Deficiency Acts, 1913-1938).

Notwithstanding the fact that we have deliberately avoided the offering of "psychiatric social services", the appointment of a psychiatric social worker has resulted in a large influx of cases from many sources, including the National Assistance Board, general practitioners, health visitors, etc. There is no doubt a great potential in this field of work, and it is clear that more of this work should be undertaken by the duly authorised officers, time consuming though it may be, under the supervision of the expert in this his field.

Figures for the year indicate that some 346 cases, reported for investigation by duly authorised officers, proved to be abortive, i.e. the removal of the patient to mental hospital was not deemed to be immediately necessary. In many cases, however, it meant that follow-up was essential if later admission to mental hospital were to be avoided.

During the year some 420 visits were paid by the four duly authorised officers under the provisions for care and after-care, as compared with 4,609 visits paid by them in investigations and removal of patients to mental hospital.

This type of work does not lend itself easily to reporting in the form of statistics. It is a process the results of which will be a lessening of the misery and distress in the lives of so many clients produced by mental illness in one or other of its various forms. As things are, it is always a desirable result when, by offering support from this Department, clients are kept in the community when, otherwise, they would add to those overcrowding the mental hospitals.

This prevention work has immediate value which will increase the more our service can be extended; indeed, it may be said that the potential demand is very considerably greater than our present resources can hope to tackle.

(b) Under the Lunacy and Mental Treatment Acts

During the year the total number of admissions to mental hospitals was 647, an increase of 32 on last year's figure of 615.

This figure of total admissions is comprised of 298 males and 351 females, and of these 113 males and 123 females had previously received in-patient treatment in a mental hospital.

The increase in total admissions was 21 in those admitted by way of the Mental Health Service, and 11 in those admitted direct through the psychiatric out-patient clinics at St. Luke's Hospital and the Bradford Royal Infirmary.

TABLE I

NUMBER OF PATIENTS ADMITTED TO MENTAL HOSPITALS FROM 1st JANUARY, 1956, TO 31st DECEMBER, 1956 UNDER
THE LUNACY AND MENTAL TREATMENT ACTS BY THE MENTAL HEALTH SERVICE

	Males	Females	Total	Over 70 years of age	Died prior to further action	Discharged prior to further action	Certified under Section 16 Lunacy Act 1890	Other Disposals Section 1 M.T.A. (Voluntary)	Section 5 M.T.A. (Temporary)
Lunacy Act, 1890									
Order of Duly Authorised Officers (3 days—Section 20)	59	63	122	52	8	29	35	50	—
Section 11 (Urgency Orders)	—	—	—	—	—	—	—	—	—
Section 21 (Justices 14 Day Order)	15	52	67	38	1	25	8	33	—
Section 16 (Certification)	60	72	132	18	—	—	132	—	—
	134	187	321	108	9	54	175	83	—
Mental Treatment Act, 1930									
Section 1 (Voluntary)	87	74	161	9	—	—	—	161	—
Section 5 (Temporary)	—	3	3	—	—	—	—	—	3
	87	77	164	9	—	—	—	161	3
TOTAL Lunacy and Mental Treat- ment Acts									
	221	264	485	117	9	54	175	244	3

Table 1 shows the number of patients admitted to mental hospitals under the Lunacy and Mental Treatment Acts by the Mental Health Service, giving the number of males and females and also indicating those of 70 years or over. Table 2 gives a summary of all patients admitted to mental hospitals, both by the Mental Health Service and through the psychiatric out-patient clinics, and shows also the number of cases investigated by the Mental Health Service but not admitted to mental hospitals.

It is again gratifying to note that during the year 50 per cent of patients admitted to mental hospitals were admitted as voluntary patients, and that of 189 patients admitted for observation no fewer than 83 became voluntary patients before the end of the detention period.

Continued efforts by the Hospital Management Committee, co-operating with the geriatric units and the Welfare Department, to reduce the bottleneck in the female observation wards resulted in no fewer than 115 admissions for observation. Our appreciation of these efforts is again recorded.

The psychiatric out-patient clinics at St. Luke's Hospital and the Bradford Royal Infirmary held increased sessions during the year, rendering an invaluable service to the community, and 162 voluntary patients sought treatment in hospital by way of these clinics.

TABLE 2 SUMMARY OF ALL CASES DEALT WITH IN THE CITY

By the Mental Health Service and admitted to mental hospitals	485
Cases investigated and treated as "abortive"	346
Admitted direct to mental hospitals through psychiatric clinics at St. Luke's Hospital and Bradford Royal Infirmary ..	162
Total	993
Number of persons re-admitted to mental hospitals having previously had in-patient treatment .. Males 113 } Females 123 }	236
Visits by duly authorised officers in respect of cases dealt with under the Lunacy and Mental Treatment Acts	4,609
Visits by duly authorised officers under the provisions of care and after-care	420

A fairly large number of people of other nationalities living in Bradford, the majority of whom speak little or no English, has increased the difficulties of investigating cases notified under the Lunacy Act. During the year 43 patients from the following countries were dealt with:—

			<i>Males</i>	<i>Females</i>
Poland	..	..	16	5
Latvia	..	..	2	2
Russia	..	..	2	2
Yugoslavia	..	..	4	—
Ukraine	..	..	2	2
Pakistan	..	..	3	—
Germany	..	..	—	1
Roumania	..	..	1	—
Estonia	..	..	—	1
			30	13

Examples of P.S.W. Cases

Case No. 1

Referred last year by National Assistance Board. A 60-year-old woman, living alone in reduced circumstances in an old house which she is buying—the deposit having come out of the remnants of slender private means. She has a number of genuine physical complaints for which her doctor treats her. He had also helped to have her National Assistance Board allowance increased to provide more food and fuel before Psychiatric Social Worker met her. In her solitude she has developed certain feelings that people, particularly her own relatives (she has a married sister living in another city with whom Psychiatric Social Worker has had contact) are against her. These beliefs are superimposed on an inadequate personality. Nevertheless this lady does care very much for her freedom, and through fairly constant and intensive emotional support, and help with practical affairs which tend to get out of hand, she has been kept in her own home. It is hoped it will be possible to keep her there as long as her physical health allows.

Case No. 2

A 28-year-old man diagnosed as a chronic case of schizophrenia, and having been leucotomised, sought help of this Department on his own account. This was an experimental case when Psychiatric Social Worker set out to offer supportive case work with a view to rehabilitation. All psychiatrists previously in touch with case were pessimistic about the

outcome, but felt it might be worth trying. During Psychiatric Social Worker's contact with client there was one further short period of hospitalisation at a time when client seemed depressed in addition to his other symptoms—largely of the typically schizophrenic unreality in his attitude to ordinary things. A great deal of time was given to this client, and a point was reached when he was willing to go to the Industrial Rehabilitation Unit in Leeds. He left there to take up employment in Leeds shortly before the course was completed. So far as is known he has not broken down up to the present time. In a case like this it must be borne in mind that any period out of hospital constitutes a success, since there can be no ultimate cure, and sooner or later some stress or strain will precipitate breakdown again. The work was undertaken on this case in order to see if any positive help can be given by casework methods to secure some improvement and socialisation where there is so much introversion and remoteness. Psychiatric Social Worker feels that on evidence of this case it is worth trying, if any positive relationship can be established; but it is difficult work, giving the social worker the uneasy feeling of treading on shifting sands all the while.

Case No. 3

A 60-year-old man was referred to this department through a Bradford Councillor with whom he had been in touch. This is an example of the best sort of case on which a Psychiatric Social Worker may be asked to work. The client is a highly intelligent man pensioned from a good and responsible job prematurely three years ago, when the present anxiety and tension began to manifest themselves. The essence of this case is that it has unfolded slowly, and various family tensions have come to light only as Psychiatric Social Worker has succeeded in establishing client's confidence in her. The present situation involves some very delicate work directed at readjusting destructive family attitudes, which have their origin very far back, and years in advance of what may have seemed to be the precipitating cause of client's breakdown. Psychiatric Social Worker has the help and support of a psychiatrist who has seen this client in Scalebor Hospital. It is her hope that a stage will be reached when client is fit to supplement his pension by taking on a small job, not only for the sake of decreasing financial worry, but for the sake of bringing back confidence to this highly able man who is a loss to the community as well as a burden to himself. The outcome here is still unclear, but the case progresses well. A good result in a man like this with an illness of three years

standing, can only come after long and patient endeavour. The work is directed at helping him to see his own problems as from outside, and to restore his confidence in himself which has been damaged by faulty family relationships.

The above are given as examples of cases on which psychiatric social workers can usefully work. Many are referred, especially from the National Assistance Board, where only one or two interviews are necessary, mainly to reassure the National Assistance Board that the case is in need of assistance. Most of these cases would not benefit by long-term casework, but the referrals are of value in that the officials of the National Assistance Board feel they have help and advice from a social worker better equipped to assess the mental state of clients. It is also typical of casework that at a given time two or three cases may seem to demand an exorbitant amount of time and work until they have been established on an even keel.

(c) *Under the Mental Deficiency Acts, 1913-1938*

(i) *Guardianship and Supervision*

Table 3 indicates the number of defectives reported and dealt with during the year, and is in the form provided by the Ministry of Health for the annual return.

The policy of discharging more and more patients from mental deficiency hospitals has resulted in several applications for patients to be placed under the guardianship of officers of the local authority. These applications present some difficulty because it is felt that in the absence of a hostel where the defective may reside and be more or less under constant supervision, the full duties of guardianship cannot be properly carried out, because it is in those cases where the defective is considered to be unstable or that the home circumstances are not good that guardianship is contemplated. As a result only one such case was accepted for guardianship.

A scheme whereby selected female defectives attend for free hair-styling at the Bolton Royd Institute, organised by the Education Department, has been one which has been greatly appreciated by both defectives and parents. It is thought to have stimulated in the defective concerned a greater desire for improved personal appearance and self-respect. Although only females have attended so far, it is understood that at a later date this service will be extended to males also.

Full employment again made the placing of Special School leavers in industry a fairly easy task, and difficulty was experienced only in a few cases.

TABLE 3 *Mental Deficiency Acts, 1913-1938*

		Under age 16		Aged 16 and over	
		M.	F.	M.	F.
1. <i>Particulars of cases reported during 1956:—</i>					
(a) Cases ascertained to be defectives "subject to be dealt with":—					
Number in which action taken on reports by:—					
(1) Local Education Authorities on children:					
(i) While at school or liable to attend school		11	5	—	—
(ii) On leaving special schools		—	—	21	9
(iii) On leaving ordinary schools		—	—	—	—
(2) Police or by Courts		—	—	1	—
(3) Other sources		7	6	3	2
TOTAL of 1 (a)		18	11	25	11
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground					
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b) ..		—	—	5	1
(d) Cases reported in which action was incomplete at 31st December, 1956, and are thus excluded from (a) or (b)		—	—	4	4
TOTAL of 1 (a) - (d) inclusive		18	11	36	18
2. <i>Disposal of cases reported during 1956:—</i>					
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1 (a), number:					
(i) Placed under Statutory Supervision ..		16	9	22	9
(ii) Placed under Guardianship		—	—	—	—
(iii) Taken to "Places of Safety"		—	—	—	—
(iv) Admitted to Hospitals		2	2	3	2
TOTAL of 2 (a)		18	11	25	11
(b) Of the cases not ascertained to be defectives "subject to be dealt with" (i.e. at 1 (b), number:					
(i) Placed under Voluntary Supervision ..		—	—	2	2
(ii) Action unnecessary		—	—	—	—
TOTAL of 2 (b)		—	—	2	2
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged					
TOTAL of 2 (a)—(c) inc. ..		18	11	27	13
3. <i>Number of mental defectives for whom care was arranged by the local health authority under Circular 5/52 during 1956 and admitted to:—</i>					
(a) National Health Service Hospitals		8	8	6	4
(b) Elsewhere		—	—	—	—
TOTAL		8	8	6	4

TABLE 3 MENTAL DEFICIENCY ACTS, 1913-1938—continued

						Under age 16		Aged 16 and over	
						M.	F.	M.	F.
4. Total cases on Authority's Registers at 31/12/56:—						57	60	222	177
(i) Under Statutory Supervision						—	—	2	2
(ii) Under Guardianship						—	—	1	—
(iii) In "Places of Safety"						34	21	202	146
(iv) In Hospitals						—	—	—	—
TOTAL of 4 (i)—(iv) inc...						91	81	427	325
(v) Under Voluntary Supervision						1	1	57	35
TOTAL of 4 (i)—(v) inc. ..						92	82	484	360
5. Number of defectives under Guardianship on 31st December, 1956, who were dealt with under the provisions of Section 8 or 9, Mental Deficiency Act, 1913 (Included in 4 (ii)						—	—	—	—
6. Classification of defectives in the Community on 31/12/56 (according to need at that date):—									
(a) Cases included in 4 (i)—(iii) in need of hospital care and reported accordingly to the hospital authority:—									
(1) In urgent need of hospital care:—									
(i) "cot and chair" cases						3	3	1	—
(ii) ambulant low grade cases						—	2	—	—
(iii) medium grade cases						—	—	—	—
(iv) high grade cases						—	—	—	—
TOTAL urgent cases						3	5	1	—
(2) Not in urgent need of hospital care:—									
(i) "cot and chair" cases						—	—	—	—
(ii) ambulant low grade cases						—	—	—	—
(iii) medium grade cases						1	—	4	—
(iv) high grade cases						—	—	2	—
TOTAL non-urgent cases ..						1	—	6	—
TOTAL OF URGENT AND NON-URGENT CASES						4	5	7	—
(b) Of the cases included in items 4 (i), (ii) and (v), number considered suitable for:—									
(i) occupation centre						39	50	—	21
(ii) industrial centre						5	—	27	22
(iii) home training						—	—	1	2
TOTAL of 6 (b)						44	50	28	45
(c) Of the cases included in 6 (b) number receiving training on 31/12/56:—									
(i) In occupation centre (including voluntary centres)						39	50	—	21
(ii) In industrial centre						5	—	27	—
(iii) From a home teacher in groups						—	—	—	—
(iv) From a home teacher at home (not in groups)						—	—	1	2
TOTAL of 6 (c)						44	50	28	23

During the year some 3,164 visits were paid to the homes of defectives. Many of the more stable cases have been visited infrequently, but intensive visitation has been essential in the case of others. This method of selective visitation is considered essential in this field of the work having regard to the restricted facilities.

Case Histories

Some typical examples of cases dealt with during the course of the year indicate the nature of the work carried out in the field of community care of mental defectives and persons suffering from mental illness.

Mental Deficiency Case No. 1

This is the case of a girl of feeble-minded grade who was notified by the Education Authority under the provisions of Section 57 (5) of the Education Act, 1944. She was under the care of the Children's Officer until she was 18 years of age, when she returned home to reside with her parents.

She is well able to earn her own living, but she resents authority and, due to a hasty temper, has repeatedly lost her work.

Shortly after leaving the Special School she formed an attachment with a young man, and after many attempts to persuade the girl to introduce the man to the Social Worker, he was eventually interviewed and informed that the girl was a defective under supervision and was also told of the consequences of carnal knowledge of a defective. The man indicated from the start that he intended to marry the girl, and tentative enquiries were actually made by them of the Parish Priest.

The home background in this case is not good, and following many quarrels with her father, the girl left home, refusing to go into lodgings arranged by the Social Worker, but finding accommodation on her own and refusing to give information as to her address. From time to time the girl returned home to live, but as she kept disappearing it was quite impossible to keep in regular contact with her. She was eventually found to be pregnant, the putative father being the man who was warned of the consequences of carnal knowledge of a defective. This man had, in the meantime, emigrated to the U.S.A., but is keeping in touch with the girl, and it is said that he intends to return to this

country in six months time, when he hopes to marry her and return with her to the U.S.A. This case has, in fact, been notified to the Board of Control in accordance with the Board's letter dated 20th September, 1956.

Mental Deficiency Case No. 2

This is the case of a brother and sister, both of imbecile grade, who reside with their widowed mother in a poor, working-class locality. They are attending the Occupation Centre and the home background is such that frequent visitation is necessary. The mother, although well-meaning, is of low mentality, and she is quite unable to undertake the responsibility of caring for her home and children without some assistance. Articles of furniture, bedding and clothing have been obtained for this family, and through frequent visitation and encouragement the mother is now taking more interest in her home and her surroundings. She is in regular work and is buying curtains, etc., for her home. It is still very necessary, however, to pay frequent visits, as the standard of cleanliness is still far from satisfactory; and the Social Worker must continually be striving to assist this mother over the many obstacles which so often appear to cross her path. Help is given every week by conveying the children to the Disinfecting Station, and it is mainly because of the emotional relationship between mother and children that action has not been taken to remove the children from her care.

Mental Deficiency Case No. 3

This boy was notified to the Mental Health Service on leaving a special school and was placed under statutory supervision. He had been admitted to the care of the Local Authority in 1941, and remained continuously in care until he was 18 years of age. The whereabouts of the mother are unknown, and as the husband denied paternity and refused to undertake the care of the defective, suitable lodgings had to be found for him.

He has always been resentful to discipline and his behaviour generally has been unpredictable. He has outbursts of temper when he becomes quite uncontrollable and he is not to be trusted unless under supervision.

On the other hand, his working record is good and he has worked steadily since leaving school, but his behaviour has steadily deteriorated and he has been in the hands of the police on several occasions. In

December of last year he appeared before the Court charged with breaking and entering, and after being remanded for the purpose of a medical examination, he was placed on probation for two years. He has had trouble with his landlady, and it has been so far impossible to obtain the right type of home for this boy.

Although visited frequently by a social worker and, more recently, by the Probation Officer, the defective has been almost continually in some sort of trouble; he has had further outbursts of aggression and has been questioned by the police on several occasions. He is once again in custody pending his appearance in court charged with larceny, and notwithstanding his good work record, it is felt that sooner or later he will require more stringent care and supervision for his own protection and for the protection of others.

It is perhaps rather tragic that some efforts were not made in his childhood to help him overcome the difficulties arising from the fact that he was a deprived child, for he seems now to have built up in himself a deep grudge against society and ordered living. With a reasonable home background and the love of a mother he would, no doubt, in spite of his mental defectiveness, have made good.

(ii) *Occupation and Industrial Centres*

The Occupation Centre has continued to bring great relief to the parents of many defective children during the year. At the end of the year there were 118 names on the register. In spite of accommodation difficulties the high standard of training was maintained through the efforts of the Supervisor and the happy co-operation of the staff. The number of low grade cases is very high; many of these should really be cared for in hospital, but either through the lack of accommodation or because of the wishes of the parents, they remain in the community.

Two open days were organised during the year, and were very successful and much appreciated by parents and pupils, as also was the Christmas Party.

A coach trip to Hornsea was again provided by the Parent-Teacher Association, and was very much enjoyed by the children, although the weather was not too kind. For those who were unable to go on the trip an afternoon party was provided at the Centre, and a gift was presented to each child. All expenses were met by the Parent-Teacher Association, who again provided gifts for the Christmas Party and helped considerably to its being a success.

Useful occupation has also been provided for older girls and young women in the Occupation Centre, many of whom are delighted to attend. They assist with the younger children and also do needlework and other handicrafts during the afternoons. The provision of a centre for adult female defectives is perhaps overdue.

Several boys from the Industrial Centre have been successful during the year in obtaining employment in industry, and it speaks highly of the training at the Centre that none have had to return. The work of the trainees has been of a high standard and varied. Limitation in the work of the Centre was caused through accommodation difficulties, and although efforts to obtain suitable alternative premises have so far been unsuccessful, it is hoped to rehouse the Centre in due course.

(iii) *Evening Club*

The Evening Club for male adolescent defectives was discontinued early in the year because of accommodation difficulties.

(iv) *Ambulance Service*

During the course of the year some 467 patients were removed to mental hospitals by ambulance vehicles and transport of the Health Department.

**Prevention of Illness,
Care and After-care**

HOME NURSING EQUIPMENT
CONVALESCENT HOME TREATMENT
FREE MILK—TUBERCULOUS PERSONS
HOME NURSING
DOMESTIC HELP
HEALTH EDUCATION

Prevention of Illness, Care and After-care

(Section 28, National Health Service Act, 1946)

S. HOWARD, M.B., CH.B.,

Senior Medical Officer for Care and After-care Services

Tuberculosis—see Section 2

Venereal Diseases—see Section 2

Home Nursing Equipment

The number of applications received during the year for the loan of home nursing equipment was lower than the number received during the previous year.

The following table shows the number of applications received for the loan of equipment and the number of articles loaned during the last seven years.

Year	Number of Applications	Number of articles loaned
1950	312	416
1951	825	1,223
1952	994	1,417
1953	1,017	1,620
1954	1,240	1,905
1955	1,385	2,178
1956	1,279	1,944

In general, the various types of home nursing equipment, on their return, show that they have been treated carefully, and many expressions of appreciation of the Service have been received from relatives of the patients to whom the articles have been loaned.

A certificate is required on each application for loan of equipment, and the following table shows the sources from which the certificates were received during the year:

Source	Number
Doctors	991
Almoners	129
Midwives	51
Health Visitors	86
District Nurses	20
Pinderfields Hospital	1
Clinic Physiotherapist	1
Total	1,279

The following table shows the type and number of articles loaned during the year:

Type of Article	Number
Air Rings	446
Bed Cages	55
Bed Pans	495
Bed Rests	210
Bedsteads	22
Bed Tables	1
Commodes	51
Crutches	11 pairs
Diabetic Scales	2 pairs
Feeding Cups	4
Fracture Boards	6
Invalid Chairs	75
Mattresses	21
Pole and Chain	4
Rubber Sheets	403
Spinal Carriage	1
Sputum Mugs	9
Urinals	119

In addition to the above, the following bedding has been loaned during the year; mainly to cases of tuberculosis:

Type of Bedding	Number
Blankets	72 pairs
Sheets	7 pairs
Draw Sheets	18 pairs
Pillows	39
Pillow Cases	4

No charge is made for the loan of home nursing equipment, but applicants are required to sign an undertaking to return the articles in good condition and to pay for any articles which are lost or damaged whilst in their care, except damage due to ordinary wear.

Convalescent Home Treatment

Since July 1948, arrangements for the admission of certain patients to convalescent homes at a reduced cost, or free of charge, have continued from year to year. Each case is assessed in accordance with the Scale of Charges approved by the City Council,

The majority of these cases are admitted to the Semon Convalescents' Home, Ilkley. Persons admitted under this scheme are those who are recovering from illness and require convalescent treatment so that they may be fit to return to work or to again undertake their household duties.

Some mothers with children up to five years of age were admitted to the Silver Jubilee Home, Heysham, at reduced cost, or free of charge. A mother may take two children with her to the Home, but she is not allowed to take more than two, except under very special circumstances.

Several other patients, who were specially recommended by their doctor for convalescent treatment at the seaside, were sent to private convalescent homes.

During 1956, 72 persons applied for admission to convalescent homes at a reduced cost, or free of charge. Of these, 62 were actually admitted, and the remaining 10 cancelled their application for one reason or another.

Details of persons admitted to convalescent homes during the year are given in the following table:

Name of Home	No. of applications for admission received	No. of admissions
Silver Jubilee Home, Heysham	36	30
Semon Convalescents' Home, Ilkley ..	32	28
*Shoreston Hall Convalescent Home, Sea-houses, Northumberland.. ..	2	2
*Wyvern Private Hotel, Morecambe ..	2	2

* These convalescent homes are specially selected homes willing to admit patients suffering from tuberculosis. The patients admitted were recommended by the Senior Chest Physician and approved by the Senior Medical Officer of the After-care Services.

The period of treatment in the convalescent homes is usually two weeks.

None of the persons admitted to these homes through the Care and After-care Department could afford to pay the full charge. They were assisted financially under the provisions of the National Health Service Act and paid part cost or made no contribution at all to the cost, depending upon their financial circumstances.

30 children under five years of age were admitted to the Silver Jubilee Home and were chargeable to the Health Committee.

Previous to the 14th July, 1956, the cost of children admitted was borne by the Victoria Convalescent Fund, but, owing to lack of funds, this ceased on the date stated, and the children became chargeable to the Health Committee. The Fund hope to resume payment when their funds are built up again, and will inform us accordingly.

In addition to the above, 488 Bradford persons were recommended by doctors for admission to Semon Home and paid the full charge of £3 per week.

The total number of persons having convalescent home treatment in 1956 was 550 compared with 489 in the previous year.

Many of the patients called at the office, or sent letters, expressing their appreciation of the Service.

Supply of Milk, Free of Charge, to Persons suffering from Tuberculosis

In January 1951, the duties in connection with the supply of milk, free of charge, to persons suffering from tuberculosis, were taken over from the Chest Clinic by the staff of the Care and After-care Service. Since that time the number of persons recommended for the supply of milk has continued to increase, as shown in the following table:

Year		Number of persons receiving free milk	
1951	.. ..	..	8
1952	.. ..	..	9
1953	(January)	..	18
	(December)	..	74
1954	(January)	..	83
	(December)	..	121
1955	.. ..	..	163
1956	.. ..	..	274

Each case is recommended by the doctors at the Chest Clinic, and is supplied, free of charge, if the family income does not exceed that laid down in a scale approved by the City Council, less an allowance for rent and rates.

The amount of milk allowed in every case is two pints daily (14 pints each week). The milk is delivered daily to each patient from the Milk Depot. An order, usually covering 28 days' supply, is forwarded to the Depot in respect of each patient recommended, and this supply

must cease at the end of 28 days unless a renewal order has been received from the Department, following a renewal of recommendation by the Chest Clinic.

At the end of the year 1,969 pints of milks were being supplied weekly to tuberculous persons, and the cost to the Committee was approximately £57 12s. each week.

Home Nursing

(Section 25, National Health Service Act, 1946)

The Home Nursing Service is provided on an agency basis by the Bradford District Nursing Council. It is supervised by the Superintendent, who is responsible to the Senior Medical Officer of the Care and After-care Services.

There is an establishment of 30 nurses.

Statistics show a marked increase in the work generally, and the total numbers of new cases nursed, and of visits paid, are double the number of those in 1948. Not one case has been refused nursing attention. Increases are particularly noted in visits paid to O.A.P.s, all types of injection cases, late night visits for special injections to very ill patients, and an exceptional increase in visits to patients in the outlying areas of the city.

An excellent co-operation is very prevalent with the general practitioners and good liaison with all the hospitals. Service is readily provided in all cases.

Refresher courses, approved by the Minister of Health, were attended by members of the staff.

All equipment is in excellent condition and includes barrier nursing equipment. The latter, combined with the high standard of district nursing techniques maintained, has again prevented any incidence of dermatitis amongst the nursing staff.

During the year 3,073 cases were nursed, and to these cases 50,716 visits were made. This is a decrease of 140 cases and an increase of 5,432 visits on the previous year.

Analysis of Cases dealt with and Number of Visits made during 1956

[illegible]

The total cases attended during the year are divided into age groups as follows:—

Domestic Help

(Section 29, National Health Service Act, 1946)

A limited service of domestic help for maternity cases was available in the city from 1929 until the National Health Service Act in 1948. This service was provided by a voluntary organisation—the Maternity Care Committee.

The present service has continued to expand from year to year, and now consists of a Domestic Helps Organiser, an Assessment Officer, and clerical staff working under the direction of the Senior Medical Officer for Care and After-care Services.

The number of domestic helps employed at the end of 1956 was as follows:

Full-time helps employed	84
Part-time helps employed	135
	219

(Equivalent to 125 full-time helps working 40 hours a week.)

The growth of the Service since 1948 is shown in the following table:

Date	No. of Helps Employed		Equivalent number of full-time helps	Average number of cases attended weekly
	Full-time	Part-time		
July 1948	6	12		—
Dec. 1948	15	20		43
Dec. 1949	25	24		76
Dec. 1950	30	39	(47, working a 48 hour week)	136
Dec. 1951	45	54	(67, working a 48 hour week)	200
Dec. 1952	45	69	(70, working a 44 hour week)	195
Dec. 1953	53	66	(73, working a 44 hour week)	225
Dec. 1954	62	73	(88, working a 44 hour week)	314
Dec. 1955	73	81	(97, working a 44 hour week)	440
Dec. 1956	84	135	(125, working a 40 hour week)	—

New applications for assistance during 1956 were 1,752, compared with 1,579 in 1955.

Cases requiring the services of a domestic help are referred approximately as follows:

By Medical Practitioners	50
By Almoners	24
By N.A.B. and Welfare Dept. ..	13
By Ante-natal clinic	10
By Health Visitors	3
	100

The average number of hours worked at each case was 132, compared with 157 in 1955 and 130 in 1954.

The average number of hours worked each week by the total number of helps on duty was 4,395.

The following tables show further analyses of the applications; the number of cases where help was given, and the number of cases attended in respect of which no charge was made. Where a charge is made, it is decided by the Assessment Officer of the Service in accordance with the scale recommended by the Association of Municipal Corporations and adopted by the City Council. The amount collected from chargeable cases (749) in 1956 was £7,012; the average charge per case being £9 7s. 2d.

New applications were received in respect of:

	1952	1953	1954	1955	1956
General and chronic sickness cases	502	476	496	309	317
Old people	771	808	700	618	803
Tuberculosis cases	24	24	27	26	22
Blind persons	19	18	24	22	19
Maternity cases	368	452	557	604	591
Totals ..	1,684	1,778	1,804	1,579	1,752

Number of cases where help was given:

	1952	1953	1954	1955	1956
General and chronic sickness cases	343	432	378	251	241
Old people	567	522	466	495	658
Tuberculosis cases	20	18	19	20	17
Blind persons	19	16	28	10	17
Maternity cases	169	283	437	437	420
Totals ..	1,118	1,271	1,328	1,213	1,353

Number of cases attended in respect of which no charge was made:

	1952	1953	1954	1955	1956
General and chronic sickness cases	114	138	66	63	62
Old people	477	415	353	408	510
Tuberculosis cases	11	13	10	13	15
Blind persons	12	12	18	6	17
Maternity cases	7	9	—	3	—
Totals ..	621	587	447	493	604

The following is a summary of these analyses for 1956:

	General and chronic sickness	Old people	Tuberculosis cases	Blind persons	Maternity cases	Total
Number of new applications for help	317	803	22	19	591	1,752
Number of cancellations.. ..	—	—	—	—	—	399
Number of cases where help was given	241	658	17	17	420	1,353
Number of free cases attended ..	62	510	15	17	—	604
Number of chargeable cases attended	179	148	2	—	420	749
Number of cases carried forward from previous year	..	..	..	..	..	519

The number of maternity cases attended increased from 283 in 1953 to 437 in 1954, 437 in 1955 and fell to 420 in 1956.

A very large number of women in Bradford after the first child especially, are confined in their own homes. These maternity cases are given assistance straight away. During 1956 many more old people were assisted than in 1955.

Health Education

M. K. DICKSON, S.R.N., S.C.M., H.V. CERT., *Health Education Officer*

Health education continues to play an important part in preventive medicine and in the promotion of health, and all members of the Health Department staff have a part to play in both aspects.

In the infant welfare and ante-natal clinics throughout the city the staff have continued their teaching on physical and mental aspects of child health. This has been augmented by demonstration material, including films, posters and models, and it has proved very successful and helpful.

There has been a large selection of pamphlets and booklets available for free distribution in the clinics. These have dealt with many aspects of family welfare, and are much appreciated by the mothers attending the clinics.

The topics dealt with in talks and by the distribution of printed material have continued to include immunisation against diphtheria,

whooping cough and vaccination against smallpox. The problem of Home Safety has also received considerable publicity, along with the clean handling and storage of food in the home.

Our efforts to impress on food workers the importance of their responsibility in preventing the spread of food poisoning among the population were continued.

Lectures by different members of the staff at the Technical College and the McMillan Training College continued as in previous years. In addition, the Department has had many requests for speakers, on various health topics, from many groups and associations throughout the city. We are always pleased to comply with such requests as they afford a small though valuable channel for health propaganda, and are much appreciated by the groups concerned.

Ambulance Service

Ambulance Service

(Section 27, National Health Service Act, 1946)

W. R. BROWN, *Ambulance Officer*

The strength of the ambulance service at the end of 1956 was as follows:

<i>Staff</i>	<i>Vehicles</i>
Ambulance Officer	9 large ambulances
1 clerk	6 small ambulances
1 radio operator	6 sitting case coaches
3 shift foremen	3 sitting case cars
50 ambulance driver/attendants	
1 fitter-mechanic	
1 semi-skilled mechanic	
7 part-time female escorts (for mentally handicapped children)	

A summary of the work done by the Service during 1956, with figures for previous years, is shown in the following table:—

TABLE 1

Year	Cases	% increase on previous year	Mileage	Average miles per case
1948	24,059	—	157,451	6·54
1949	47,012	95	250,969	5·34
1950	69,691	48	284,758	4·08
1951	85,237	22	300,618	3·58
1952	93,128	9	309,779	3·35
1953	107,660	15	347,960	3·23
1954	110,774	3	364,874	3·29
1955	120,984	9	397,628	3·28
1956	133,759	10	403,441	3·02

The number of cases carried in 1956 was 284 per cent greater than in 1949—the first full year of the National Health Service.

The following table gives details of patients carried, journeys and mileage covered by each type of vehicle:

TABLE 2

TABLE 2

<i>Patients</i>				Type of Vehicle			Total
				Ambulances	Sitting Case Cars	Sitting Case Coaches	
(a)	Accidents	..	..	3,447	148	91	3,686
(b)	Others..	..	..	69,386	6,204	12,902	88,492
(c)	Mentally Handicapped Children	..	..	5,487	—	36,094	41,581
				78,320	6,352	49,087	133,759
<i>Journeys</i>							
(a)	Patient and M.H. Children..			12,671	2,076	3,294	18,041
(b)	Abortive and Service	..	..	311	181	72	564
(c)	Analgesia, etc.	..	..	241	747	59	1,047
				13,223	3,004	3,425	19,652
Mileage				268,623	61,898	72,920	403,441

The following table gives the approximate percentages (of total cases) of cases in certain categories:

TABLE 3

Category						%
Out-patients	..	..	..	..	..	52
Mentally handicapped children	..	..	..	..	..	31
Admissions, discharges, transfers, etc.	..	..	..	..	..	14
Accidents and Emergency	..	..	..	..	..	3
						100

The number of patients carried shows more than 10 per cent increase over the previous year. The increase is almost wholly to be found in the out-patient section of the work. More and more people are taking advantage of the extended facilities provided at the hospitals and special transport has to be provided at the request of the hospital authority or the general practitioner. The upward trend has been even more apparent during the year than it was during 1955. Although the hospital staffs are reviewing the condition of regular out-patients much more frequently, particularly those attending for physiotherapy, there seems to be little prospect of any appreciable reduction in the demand for this type of transport.

Having regard to the large numbers of out-patients requiring transport, it is inevitable that some of them are subject to inconvenience. They have, of necessity, to be collected in groups, and, in consequence,

those living in the more remote parts of the city are picked up very much earlier than their hospital appointment times. In the main they appreciate the difficulties of the situation and the complaints are very few.

A zoning scheme for out-patients is in course of preparation. The city is being divided up into six zones, and it is intended to run one daily journey into each zone at fixed times. The times will be arranged as far as possible to coincide with the requirements of the two main hospitals, and it is hoped by this means to reduce the number of journeys and eliminate 'waste and empty' mileage. The ultimate plan is for all out-patients living in one zone to come and go together.

Careful co-ordination of journeys is continually being maintained so as to keep mileage down to the minimum. Evidence of the success of this part of the work can be clearly seen by reference to Tables 1 and 2. The number of journeys in 1956 is more than a thousand less than in 1955, and the average miles per case is much reduced. Careful co-ordination of journeys and the use of the radio telephone system have both contributed much to the improved figures under these headings.

The use of radio telephone equipment in all vehicles throughout the year has proved of the utmost value; in fact it is difficult to imagine how the Service could carry out the work satisfactorily without it. The only way would be by an increase in staff and vehicles. The value of the system is proved beyond doubt by the reduction of $\cdot 26$ miles per case. Based on the 1955 figure of 3.28 miles per case, the total mileage in 1956 would have been more than 35,000 miles more than it actually was. A very great saving was thus effected for which the efficient operation of the radio telephone system was largely responsible.

It is worthy of note that nearly 13,000 extra patients have been moved without any addition to staff or vehicles.

The number of accident and emergency cases dealt with shows an increase of 5.6 per cent over the figures for 1955, and although the increase is not so large as shown in the previous annual report, it is still a most disturbing feature of the work of the Service.

Maintenance and repair of vehicles continues to be carried out by our own staff on the premises.

**Inspection and Supervision
of Food and Food Premises**

FOOD PREMISES

MILK SUPPLY

ICE CREAM

FOOD AND DRUGS

PHARMACY AND POISONS

FERTILISERS AND FEEDING STUFFS

MEAT INSPECTION

OTHER FOODS

Inspection and Supervision of Food and Food Premises

F. H. MYERS, M.R.S.H., M.S.I.A., *Chief Public Health Inspector*

In Bradford the inspection of food is carried out by inspectors who have specialised in different branches of the subject, and premises where food is handled, stored or sold are visited by inspectors who cover the obligations of the Local Authority under the Shops Act, 1950, and at the same time enforce the provisions of the Food Hygiene Regulations, 1955 and the Food Handling Byelaws, thus saving duplication of visiting.

This work is covered by two Divisional Inspectors (one for food and drugs sampling and food hygiene, and one for meat inspection) and their associated inspectors, and both divisions have played an important part in the student training scheme operated by the City Council.

Food Premises

The coming into operation of the Food Hygiene Regulations, 1955, this year, was welcomed and it is hoped that these will prove an effective measure in achieving a considerable improvement in the standard of food premises and in hygienic practices in the food handling trades.

Their advent did, of course, because of their comprehensive nature, present a large task in requiring the detailed inspection of all food businesses in the city, particularly in view of the continued staff shortage. Consequently it was decided that the food preparation premises should receive first attention and priority has been given to the inspection of the bakehouses, restaurants, cafes, and the industrial canteens. Other types of premises have been inspected when a visit has been necessary.

During the year a total of 1,231 detailed inspections were made and 2,735 contraventions noted. As a result of these, 409 warning letters were sent and 299 verbal cautions issued.

The provision of a wash hand basin in addition to a sink has been found to be a necessary requirement in a large number of the premises inspected, and other matters often found to require attention have been the improvement of equipment, particularly table surfaces, the provision of a constant supply of hot water, the provision of first aid equipment, and structural repair and cleanliness.

Detailed particulars are shown in the Appendix tables of the contraventions found and work done. The figure shown for contraventions remedied is small as it was decided to concentrate on the initial inspections to achieve a reasonable coverage of premises, and revisits to check that work was done have been left until later. Where premises were revisited it was generally found that the work had been done.

In one case of an unsatisfactory bakehouse, the provisions of Regulation 5 were invoked when detailed swabbing of equipment and sampling had revealed an extensive *Salmonella typhimurium* contamination. The preparation of food at the premises was prohibited for a period of one week whilst general renovation, cleansing and sterilisation were carried out. The necessary works were carried out very quickly.

The Council have set a good example to the trade in their attitude to their own properties. A comprehensive scheme has been prepared to ensure that compliance with the Regulations is achieved in the various food businesses in the wholesale and retail markets. In the open air market, all the food stalls are to be centralised in one section which is to be roofed over and enclosed. One sink and two wash hand basins with constant hot and cold water are to be provided within each group of six stalls. Work on this project has commenced and will be completed early in the new year. In the other markets the Council have agreed to provide all services, water, power and drainage, and the tenants will be required to provide the necessary fittings.

A number of the industrial canteens were found to have closed down completely, or to have ceased to operate for the making of full meals. In all cases this action had been considered necessary as the demand for meals no longer justified the expense involved in operating such a service. Routine inspection of the remainder was commenced and the standard of hygiene was generally found to be reasonably satisfactory. Requirements were necessary, however, in many of the premises to satisfy the provisions of the new Regulations, and the remedial measures were notified in writing to the management in each case.

Milk Supply

The total amount of milk consumed daily in the city was about 23,000 gallons, which it is estimated comprised approximately 90 per cent processed milk and 10 per cent raw tuberculin tested milk.

Although some farms have ceased production and some have disappeared as a result of housing development, there are still 167 producing milk within the city boundary. In addition, as a result of the expansion of the processing dairies during the last few years, a large quantity of milk is coming into the city from the surrounding country areas. As much of this supply is brought in churns from individual farms the sampling work has correspondingly increased.

Regular testing of these supplies has been carried out during the year for chemical analysis, bacteriological and biological examination.

No outbreaks of milk-borne disease occurred during the year.

Milk and Dairies Regulations, 1949-1954

There were, at the end of the year, 1,294 persons registered for the sale of milk within the city. These may be classified as follows:—

Dairymen	208
Shops where milk sold in sealed bottles only	1,086

In addition to the above there were 109 producer retailers engaged in the sale of milk within the city.

Milk Special Designations

Licences authorising the use of special designations in relation to milk were issued as follows:—

MILK (SPECIAL DESIGNATION) (RAW MILK) REGULATIONS, 1949-1954

Dealer's Licence authorising the use of the special designation "Tuberculin Tested"	209
Supplementary Licence authorising the use of the special designation "Tuberculin Tested" ..	26

MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK) REGULATIONS, 1949-1953

Dealer's (Pasteuriser's) Licence authorising the use of the special designation "Pasteurised"	2
Dealer's (Steriliser's) Licence authorising the use of the special designation "Sterilised"	1
Dealer's Licence authorising the use of the special designation "Pasteurised"	207
Dealer's Licence authorising the use of the special designation "Sterilised"	1,274
Supplementary Licence authorising the use of the special designation "Pasteurised"	26
Supplementary Licence authorising the use of the special designation "Sterilised"	11

Milk Processing

There were during the year three dairies engaged in the heat treatment of milk; two by the pasteurisation and one by the sterilisation process. It is estimated that a total of 29,000 gallons of milk was treated in the city daily.

Tuberculosis in Milk

The examination of milk for infection with the tubercle bacillus has proceeded throughout the year, particular attention again being paid to the local farms.

Milk from 3.0 per cent of these farms was found to be so infected, comparing favourably with the figure of 6.1 per cent for the previous year.

There were 167 dairy farms engaged in the production of milk in Bradford, and in addition milk from 44 farms outside the city boundary was sold here. A total of 425 samples from these milks was examined biologically at the Public Health Laboratory during the year. Of these samples, five were found to contain tubercle bacilli.

As a result of investigations arising from these reports it is known that five tuberculous cows have been slaughtered. Check samples from the remainder of the cows were reported negative.

The following table shows the incidence of tuberculosis found in the different grades of milk during the past eight years:—

Tuberculin Tested Herds—		1949	1950	1951	1952	1953	1954	1955	1956
Samples taken	.. ..	89	169	227	240	279	277	341	246
B. tuberculosis found	.. ..	—	—	1	1	—	—	1	—
Ordinary Herds—									
Samples taken	.. ..	159	278	268	267	267	251	247	179
B. tuberculosis found	.. ..	4	17	13	5	10	12	10	5
Totals—									
Samples taken	.. ..	425	680	715	707	726	599	588	425
B. tuberculosis found	.. ..	8	31	27	13	22	14	11	5

Chemical Examination of Milk

One thousand four hundred and five samples were analysed. The results show that ninety-four of the samples gave an analysis under 3.0 per cent of fat while eighty of these samples gave an analysis under 8.5 per cent of non-fatty solids. The total below both 3.0 per cent of fat and 8.5 per cent of non-fatty solids was seven. In most cases the adulterations were small and warnings were issued. Legal proceedings were instituted in one case, particulars of which are given in the Food and Drugs Section.

Table 1 gives comparative figures for the milks examined during the period 1934 to the present year.

Examination of Raw Milk

Samples of raw milks were taken regularly during the year for bacteriological examination. In the cases of unsatisfactory samples of farm milks, examination reports were notified to the Ministry of Agriculture, Fisheries and Food with a request that investigations be made at the farm with a view to improving the cleanliness of the milk.

Samples Taken	Methylene Reductase Pass	Blue Test Fail
413	402	11

Examination of Heat-treated Milk

Samples of heat-treated milk were taken regularly and included milk processed at dairies both in Bradford and outside, the reports in which were generally satisfactory, as shown in the following table:—

CHEMICAL ANALYSIS OF MILK

TABLE I

YEAR	FAT				SOLIDS NOT FAT					
	Under 3.0%		3.0% to 3.5%		Over 3.5%		Under 8.5%		8.5% and over	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
1956	94	6.7	453	32.2	857	61.1	80	5.7	1325	94.3
1955	28	2.6	312	28.8	743	68.6	173	16.0	910	84.0
1954	23	2.4	189	19.5	759	78.1	168	17.3	803	82.7
1953	33	4.2	190	24.0	567	71.8	196	24.8	594	75.2
1952	21	2.5	168	19.5	668	78.0	196	22.9	661	77.1
1951	14	1.9	198	27.2	515	70.9	151	20.8	576	79.2
1950	10	1.3	188	25.6	539	73.1	95	12.9	642	87.1
1949	8	1.7	190	40.5	271	57.8	58	12.4	411	87.6
1948	8	1.4	235	41.7	320	56.9	131	23.3	432	76.7
1947	6	1.0	248	41.1	349	57.9	157	26.0	446	74.0
1946	11	1.9	221	38.8	337	59.3	111	19.5	458	80.5
1945	24	3.4	346	48.3	347	48.3	119	16.6	598	83.4
1944	23	3.0	247	32.1	489	64.9	54	7.0	705	93.0
1943	21	3.2	220	33.0	417	63.8	88	13.2	570	86.8
1942	18	2.7	181	27.2	460	70.1	92	13.8	567	86.2
1941	10	1.5	171	25.6	486	72.9	59	8.9	608	91.1
1940	13	1.9	213	31.9	452	66.2	27	4.0	651	96.0
1939	15	2.1	237	33.2	476	64.7	7	0.9	721	99.1
1938	27	4.2	268	41.4	352	54.4	21	3.3	626	96.7
1937	29	3.4	343	39.8	489	56.8	10	1.2	851	98.8
1936	15	2.8	213	39.6	310	57.6	1	0.2	537	99.8
1935	21	2.3	276	30.7	602	67.0	1	0.1	898	99.9
1934	33	3.5	348	37.3	552	59.2	9	1.0	924	99.0

Class of Milk				Number of Samples	Phosphatase Test		Methylene Reductase Test	Blue Test	Turbidity Test	
					Pass	Fail	Pass	Fail	Pass	Fail
Tuberculin Tested										
Pasteurised	..	..	208	208	—	208	—	—	—	—
Pasteurised	..	..	329	328	1	329	—	—	—	—
Sterilised	..	..	86	—	—	—	—	86	—	—

Ice Cream

During recent years ice cream has changed from being a seasonal delicacy to a regular article of diet throughout the year. In consequence much attention has been paid to the conditions under which it is manufactured and sold, as this product is a favourable medium for the growth of bacteria.

Many visits were made to ensure that ice cream premises and plant complied with the requirements of the Ice Cream (Heat Treatment) Regulations, 1947-52.

Steps were taken to prevent the contamination of ice cream sold from stalls and vehicles in the open air. As a protection against excessive sun and other weather conditions, all stalls and vehicles were suitably screened or covered and provided with service hatches. Provision was made for the washing of hands and the cleansing of ice cream utensils by the installation of hot water units.

Bacteriological Examination

One hundred and sixty-three samples were submitted for examination during the year and they were graded as follows:—

Provisional Grade			No. of Samples
Grade I ..	..	..	118
Grade II ..	..	..	28
Grade III ..	..	..	10
Grade IV ..	..	..	7
			163

This follows the grading recommended by the Medical Research Council using the modified methylene blue test. If, out of the four grades, ice cream, consistently fails to reach grades I and II, it is reasonable to regard this as indicating defects of manufacture or handling, which calls for further investigation.

Chemical Examination

Under the provisions of the Food Standards (Ice Cream) Order, 1953, the minimum standards for ice cream are 5 per cent fat, 10 per cent sugar and $7\frac{1}{2}$ per cent milk solids other than fat.

Thirty-three samples were submitted to the Public Analyst and one was reported to be unsatisfactory. In this case a deficiency of sugar was reported and the manufacturer was warned.

The average figures reported from analysis of these samples were:—

Fat	..	..	..	..	9.79 per cent
Sugar	..	..	..	..	14.33 per cent
Milk solids other than fat	..				11.97 per cent

The following table shows the percentage of the ingredients found on analysis:—

FAT					
Percentage					
Under	5.0—	7.0—	9.0—	11.0—	13.0 and
5.0	6.9	8.9	10.9	12.9	over
—	3	11	10	7	2

MILK SOLIDS OTHER THAN FAT					
Percentage					
Under	7.5—	8.5—	9.5—	10.5—	11.5 and
7.5	8.4	9.4	10.4	11.4	over
—	1	5	6	7	14

SUGAR				
Percentage				
Under	10.0—	12.0—	14.0—	16.0 and
10.0	11.9	13.9	15.9	over
1	8	10	8	6

Food and Drugs

The number of samples of food and drugs taken under the Act and submitted by the Sampling Officer for analysis was 1,796; of these 1,681 were certified as genuine and 115 adulterated or doubtful.

In the majority of cases the adulterations were small and the vendors were cautioned.

In one case, however, where milk was being delivered to Bradford from outside the city boundary, the circumstances appeared to warrant further action and prosecution by a neighbouring Food and Drugs Authority. This action was taken and a fine of £50 and payment of £2 16s. costs were imposed.

A table showing the number of samples procured and examined during 1956 will be found in the Appendix.

Bacteriological Examination

Four hundred and seventy-nine samples of food were submitted to the Public Health Laboratory for examination for pathogenic organisms. These were obtained during investigations into suspected cases of food poisoning and in the routine check of foods considered liable to convey such infections.

The results included the following:—

- (a) *Salm. typhimurium* was isolated from samples of pork sausage, meat pie, imitation cream confectionery, imitation cream, frozen whole egg, flour, dried milk, polony, and egg wash.
- (b) *Salm. brandenberg* was isolated from a sample of pork sausage.
- (c) *Salm. thompson* was isolated from a sample of frozen whole egg.
- (d) *Staphylococcus aureus* was isolated from samples of imitation cream and imitation cream confectionery.

As a result of these examinations quantities of these foods were removed for destruction, the more considerable items being 952 lb. of frozen whole egg, approximately 560 lb. of flour, approximately 100 lb. of dried milk, 40 lb. of imitation cream, and 222 imitation cream confections.

In addition, 180 swabs of food and food equipment were submitted for examination, *Salm. typhimurium* being isolated from 18, and *Salm. derby* from a swab from raw pork. Examples of the equipment of a bakery found so infected were bakery tables, mixing bowls, pastry slab, wash hand basin, washing-up sink and washing-up water, dish cloth, and the interior of the refrigerator.

Extraneous Matter in Food

A number of complaints were investigated and related to both food manufactured in the city and in other areas. It is often found that people making such complaints are unwilling to appear in court to

assist in taking legal proceedings, and, of course, action in such instances is somewhat limited. Investigations at the manufacturers' premises in Bradford are always made following a complaint and in the case of outside manufacturers the matter is taken up by correspondence with the latter and also by advice to the public health department of the area concerned. Strong warning letters were sent to manufacturers in the majority of cases.

In one case, however, legal proceedings were instituted. A bakery company was summoned to answer a charge arising from the sale of bread containing a portion of a cigarette. The court imposed a fine of £5 and ordered the defendants to pay £5 5s. costs.

Merchandise Marks Act, 1926.

Routine checks have been made to ensure compliance with the requirements of the various Marking Orders made under this Act. Where contraventions were noted cautions were issued and it has not been found necessary to institute legal proceedings.

Pharmacy and Poisons Act, 1933

The Act places duties on this Authority in relation to the control over the sale of poisons included in Part II of the Poisons List. This list includes certain poisons such as arsenical substances, mercuric substances, nicotine, phenols, nitrobenzine, ammonia, etc., used principally for agricultural, horticultural, industrial and sanitary purposes.

The number of applications for entry on the list of the Local Authority under the above Act was 608. The following table sets out the number of persons entered according to the respective trades. A special visit was made on receipt of a new application. Routine checks are now being made during inspections under the Food and Drugs and Shops Acts.

Number	Horti- culture	Hardware Dealers	Herba- lists	Hair- dressers	Grocers and General
608	7	61	4	9	527

Fertilisers and Feeding Stuffs Act, 1926

Sampling was carried out under this Act, various meals and fertilisers being submitted to the City Analyst.

A table showing the number of samples procured and examined will be found in the Appendix.

Meat Inspection

Work continued throughout the year on the modernisation of the abattoir.

New floors have been laid in all the sheep slaughterhalls, and in the piggery. The wooden tables used by the by-products staff in the piggery have been replaced by cast concrete tables. All the old type wall hooks have now been replaced by hooks and runners mounted on brackets to off-set the walls and to prevent blood dripping down the walls. The walls in the old side of the beast slaughterhall have been re-tiled.

The lairage accommodation for cattle has been improved and enlarged, and on the old side of the slaughterhouse new lairage floors have been put down.

A new pig lairage has been constructed to enable the forty-eight hour throughput of pigs to be maintained.

There were eighty cases *cysticercus bovis* found in cattle during the year, and this figure shows no change in the incidence of the parasite. In all cases the cysts were localised to the masseter muscles or heart, or both in rare cases, and no cases of generalised *cysticercus bovis* were found. In all cases the organs or parts of a carcass containing cysts were condemned, and the remaining offal and carcass meat was refrigerated under the supervision of the meat inspectors in the Corporation cold store at a temperature of below 21°F. for three weeks. The meat inspection staff also supervised the refrigeration of forty-three carcasses and their organs which were sent in from the surrounding districts.

One case of *cysticercus cellulosae* occurred in a sow. The carcass and organs were destroyed.

There was a reduction in the number of pigs slaughtered under the Swine Fever Order. Only forty-two pigs were killed, and these were all distant contacts and were not affected with the disease.

There was an increase in the number of cattle slaughtered on behalf of the Ministry of Agriculture, Fisheries and Food. Two hundred and fifty-seven animals were killed, most of them being reactors to the tuberculin test. In eighteen cases the animals were found to be affected with generalised tuberculosis, and were condemned, but in the majority

of cases the tubercular lesions were localised to the lung and/or head. In the localised cases the affected part or organ was condemned and the remainder was passed as fit for food.

The increase in the number of animals sent in by the Ministry for slaughter is expected to continue for some years, as the areas to the north and west of Bradford are now included in the Area Eradication Plan for Tuberculosis. Within a probable period of five to six years the large farming areas to the north and west of the city will be entirely attested, and no untested cattle will be allowed on any farm. Untested cattle from outside the area will be allowed to enter on special licence, and for slaughtering only. It is evident that this eradication scheme is having effect, as the number of generalised tuberculosis carcasses steadily diminishes each year.

There were no cases of anthrax in the Abattoir during the year.

The laboratory at the Abattoir has been in continual use throughout the year, and over 500 blood slides were examined.

Specimens were collected throughout the year for demonstration purposes at Bradford Technical College, and other specimens were preserved and exhibited in the Abattoir lecture room.

There are eight licensed private slaughterhouses in Bradford, one of which is not in use. The slaughterhouses were visited regularly throughout the year, and all animals killed in them were inspected before being removed to the shops.

There are 411 butchers' shops in the city, and every effort has been made, despite staff shortage, to visit these premises and to enforce the Food Hygiene Regulations. A total of 536 visits were made to shops, 141 being re-visits to inspect work done under the Regulations. During the year a total of 117 wash basins have been installed, and 128 shops have provided the required screening for their display counters. In all, 450 notices of work to be done were issued, and all these works have now been completed.

Monthly visits were made to the tripe manufacturers, gut scrapers, and animal by-product plants. These premises were all satisfactory.

There were 118 licences issued to slaughtermen during 1956. The testing of new applicants for licences was done at the Abattoir. As a result of these tests, four applicants withdrew their applications until they had received further instruction under a licensed slaughterman.

Other Foods

Supplies of fish, fruit and vegetables were regularly inspected throughout the year in the St. James's Wholesale Market, the wholesale fish warehouses and retail shops. Most of the fish, fruit and vegetables which are condemned are found to be unfit for food on arrival at the markets, railway stations and wholesale premises. This system of inspection at the centre of distribution lessens the risk of unsound foods being exposed for sale at retail shops. The number of visits made to food premises in the city for the condemnation of foods was 781.

By arrangement with the Corporation Cleansing Department such of the unsound foods as were fit for the purpose were converted into animal feeding stuffs, and the remainder were destroyed. Details regarding foods condemned will be found in the Appendix.

Section 10

Environmental Hygiene

DISTRICT INSPECTION

COMMON LODGING HOUSES

HYGIENE in

 FACTORIES

 WORKPLACES

OUTWORKERS

RAG FLOCK AND OTHER FILLING MATERIALS
 ACT, 1951

SHOPS ACT, 1950

HEATING APPLIANCES (FIREGUARDS) ACT, 1952

RODENT CONTROL

SMOKE ABATEMENT

MEASUREMENT OF ATMOSPHERIC POLLUTION

HOUSING

BRADFORD CORPORATION ACT, 1949

DISINFECTION AND DISINFESTATION

Environmental Hygiene

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The scheme aimed at the abolition of all waste water closets (tipplers) has continued throughout the year, and by 31st December, 2,060 had been converted to waterclosets. At that date a large number were out to tender or at various stages of completion. It is hoped that 1957 will be the last year of this time absorbing scheme and that by the end of the year all the 4,022 closets will have been converted.

Further large areas have been prepared for slum clearance and it can confidently be assumed that the first five years of the twenty years programme will be completed well within the period.

After many initial delays, the scheme to carry piped water to the outlying rural part of the City has been commenced and will be completed during 1957.

District Inspection

The district public health inspectors work under the supervision of the two divisional inspectors and cover all the routine duties not allocated to specialist inspectors. They investigate all complaints, of which 1,564 were received during the year, and, where these visits result in the service of notices, it often requires several additional visits to enforce satisfactorily the abatement of the nuisance. Whenever there was failure to comply with notices served under the sections carrying default powers the work was executed by the City Engineer and Surveyor by direct labour and the costs recovered. Where necessary court proceedings were instituted in order to enforce abatement notices which could not be carried out in default.

During the year only 378 houses with waste waterclosets were dealt with. This involved preliminary survey, ascertainment of ownership—in itself often a lengthy process, service of notices, obtaining of tenders, letting of contracts and supervision of works in progress. On average each job incurred 9 or 10 visits, and this scheme added considerably to the many pressing duties of the district public health inspectors.

The relatively small number completed in the year reflects the difficult staff position experienced over part of the year, but a considerable speed-up was achieved towards the end of the year with a very large number of incompleted contracts in progress at that time, and 1957 figures should show the completion of all conversions (4,022).

During the year the district inspectors supervised 890 exhumations and ensured that re-interment was carried out expeditiously and without nuisance.

Common Lodging Houses

At the end of the year there were four common lodging houses in the city. These comprised 22 sleeping rooms and afforded nightly accommodation for 276 males.

The total number of persons accommodated during the year was 63,114. The nightly average was 173, representing 65 per cent of the accommodation available.

The following table shows the number of nights spent by single men, women, young persons and couples in the four common lodging houses during the year:—

Males	Adults		Couples	8 to 21 years		Under 8 years	
	Females			Males	Females	Males	Females
63,114	—		—	—	—	—	—

The total number of inspections made during the year was 33. There have been no cases of infectious disease reported during the year in any common lodging house. No difficulties have been experienced in gaining admittance, and it has not been necessary to resort to police court proceedings.

Hygiene in Factories

At the year end the register of factories which is kept by the Council in accordance with the requirements of Section 8 (3) of the Factories Act, 1937, showed a decrease of 111 factories over the previous year. The total number of factories entered in the register was 2,609, and this figure consists of 264 and 2,345 non-power and power factories respectively.

During the year 512 visits were made to power factories for the purpose of enforcing the provision and maintenance of sanitary accommodation. In addition, the supervision of ablution fittings installed at the request of H.M. Inspector of Factories was carried out. Much of the work executed was due to action taken by the Council, but in a number of cases voluntary improvements were made. On the whole it was found that a reasonable standard of sanitary accommodation was being provided and maintained and it was also noted that the misuse of such accommodation was less evident.

With regard to the non-power factories it was necessary in certain cases to enforce the provisions of the Act concerning cleanliness and heating of workrooms. One hundred and thirty-six visits were made to this class of factory.

On no occasion was it found necessary to institute legal proceedings.

A full report will be found in the Appendix giving in detail the work carried out and also a copy of a report which is sent to the Director of Statistics, Ministry of Labour and National Service.

Hygiene in Workplaces

A workplace is defined under the Public Health Act, 1936 as including any place where persons are employed, otherwise than in domestic service, but does not include a factory. The majority of the workplaces in the city which come within this definition are offices.

Again it was not possible to carry out routine inspections and the visits which were made were for the purpose of supervising work being carried out in connection with approved voluntary schemes. The schemes in all cases were for improving the standard of sanitary accommodation and, although a few of the existing facilities were modernised, a number of new sanitary blocks were constructed. All schemes included washing facilities.

No complaints were received during the year with regard to sanitary accommodation or the cleanliness, overcrowding or ventilation of workplaces.

A summary of the work executed in connection with workplaces will be found in the Appendix alongside those for factories.

Outworkers

The register of outworkers was kept up to date and as the lists of outworkers sent to this Authority included persons whose places of employment were outside the city it was necessary to supply to 92 authorities the names and addresses of the persons residing in their area, in accordance with the requirements of the Factories Act, 1937, Section 110 (2).

A copy of the particulars required to be sent to the Director of Statistics, Ministry of Labour and National Service will be found in the Appendix.

Rag Flock and Other Filling Materials Act, 1951

All filling materials used on registered premises and rag flock manufactured or stored on licensed premises must comply with the standards of cleanliness laid down in the Regulations made under the Act.

In order to ensure that the prescribed standards were being maintained eighteen formal samples of various filling materials were taken during the year. In all cases the prescribed analyst reported that the materials submitted were clean and no further action was necessary.

The materials sampled consisted of rag flock, coir fibre pads, cotton felt, curled hair and Algerian fibre, all of which are used in various forms of upholstery, including the stuffing or lining of bedding, toys and baby carriages. It was noted, however, that rag flock was used mainly in the bedding industry.

During the period under review visits were made for the purpose of enforcing the provisions of the Act but on no occasion was any contravention observed. Four additional applications were received for registration of premises where it was intended to manufacture articles in which materials named in the Act would be used and, owing to change of use, three premises were removed from the register. The licence was again renewed in respect of the premises used for the manufacture of rag flock. At the year end there was one licensed and twenty-nine registered premises in the city.

Administration of the Shops Act, 1950

The total number of shops on the register at the end of the year was 7,029. Food was sold in 4,367 of these premises.

Continued staff shortages during the year made it necessary to confine routine visits under the Shops Act, 1950, to food shops already subject

to inspection under The Food Hygiene Regulations, 1955, although additional visits to non-food shops were made on complaint or request. Some breaches of the Act were found, and in each case verbal or written warning was given.

Observations were kept during the year to check compliance with the Sunday Trading provisions of the Act, and the Weekly Half Holiday Orders and Closing Orders made under the Act. Four shops were found to be open for the serving of non-exempted articles on a Sunday, and in two cases Mixed Trades notices were not displayed as required by Shops Regulations; written warnings were sent in two of these cases. Ten shopkeepers were warned in writing for remaining open for the serving of customers with non-exempted articles on the Weekly Half Holiday, and four shopkeepers were verbally warned for failing to display the necessary Mixed Trades notices on the Weekly Half Holiday.

It was found necessary to take legal proceedings in two instances for contraventions of the Shops Act, 1950. Fines of £6 and £3 respectively were imposed on two shopkeepers for breaches of the Sunday Trading provisions of the Act.

Heating Appliances (Fireguards) Act, 1952

Legal proceedings were taken against five shopkeepers for exposing for sale heating appliances not fitted with guards in accordance with Section I of the above Act. All were convicted, and fines and costs totalling £24 2s. were imposed.

Rodent Control

Surface Infestations

During the year 1,523 premises were inspected and 1,205 infestations dealt with, 612 being rat infestations and 593 mice infestations. One thousand and thirty-one infestations were notified by occupier, and 174 discovered by inspection of premises. Two thousand five hundred and six baiting points were laid containing Warfarin, arsenic or antu, and 319 lb. of poisoned bait were used. One hundred and thirty-one premises were rat proofed on completion of treatment and 181 bodies were discovered.

Details of the premises infested and dealt with are as follows:—

			Rats	Mice
Business premises	..	..	100	124
Canteens	..	..	9	21
Cafes	..	..	4	6
Food shops	..	..	40	82
Smallholdings	..	..	7	1
Private dwellings	..	..	365	258
Schools and school canteens	..		29	68
Markets and abattoir		..	33	16
Tips	..	..	3	—
Other L.A. properties	..	..	22	17
			612	593

Disinfestation of Sewers

As requested by the Ministry, a 10 per cent test baiting of sewers commenced in April 1956, when 571 manholes were test baited. Of these 200 proved to be infested and 371 were clear of rats. Following this, a poison treatment was carried out on the infested areas, where 1,365 manholes were baited. Seven hundred and thirty-eight proved to be clear and 627 were poisoned with Zinc Phosphide. Approximately six months later a second treatment followed on the infested areas, and a further 1,339 manholes were baited, resulting in 447 being poisoned and the remaining 892 manholes being clear of rats. On this second treatment antu was used.

Total number of manholes baited	..	3,275
Total number of manholes poisoned		1,074
Total number of manholes clear of rats		2,201

Smoke Abatement

This year may well prove to be a milestone in the fight against atmospheric pollution. New powers were granted to all local authorities on the 5th July by the Clean Air Act, 1956. The Act is to be brought into operation gradually on dates appointed by the Minister of Housing and Local Government. In accordance with this procedure, the Minister exercised his power and brought into operation the greater portion of the Act on the 31st December, 1956. The remaining sections are scheduled to come into operation in 1958.

Generally, the Clean Air Act, 1956 will require that boilers, etc., shall be maintained and operated in such a manner as will ensure that dark smoke is not emitted from any chimney. Dark smoke is defined as being smoke which is as dark as or darker than Ringelmann shade chart No. 2. The Minister may make regulations requiring that boiler plants shall be provided with apparatus to indicate and/or record the density of smoke emitted from a chimney. It will be obligatory for persons who propose to install boiler plants, incinerators, etc., to notify the local authority. The local authority may declare all or any part of its area as being a smoke control area. This provision will be the principal method of dealing with smoke from private dwellings. Provision is made in the Act for financial assistance to be given in those cases in which it is found necessary to adapt a fireplace to burn a smokeless fuel in a smoke control area. Occupiers of buildings are required to use any practicable means of minimising the emission of grit and dust from furnaces. Power is given to the local authority to require new chimneys to be of a sufficient height to prevent smoke, grit, dust and gases from becoming prejudicial to health or a nuisance. Provision is made for dealing with the emission of smoke from railway engines, ships and colliery spoilbanks. Future building byelaws may require the provision in new buildings of such arrangements for heating or cooking as are calculated to prevent, so far as practicable, the emission of smoke. The Minister of Housing and Local Government must appoint a consultative council to be called the Clean Air Council for the purpose of keeping under review the progress made in abating the pollution of the air in England and Wales.

This new legislation reinforces the work done to achieve smoke abatement in this city and carries a stage further the pioneering work of the City Council which was embodied in the Bradford Corporation Act of 1949.

During the year 41 complaints were received in connection with smoke emissions and seven in connection with grit emissions. Following investigations twenty-five informal and three formal notices were served on the offending persons.

A survey of industrial, commercial and hospital premises was carried out during the year when 399 first visits and 236 revisits were made in connection with atmospheric pollution. During the visits details regarding boilers, method of firing, type of fuel, provision of instruments, etc., were recorded. Arising from this action working details have now

been collated of the coal and oil fired boiler plants located in the city. This information will be especially valuable in the future when boiler plants will come under close scrutiny for classification as being capable or not being capable, so far as is practicable, of complying with the provisions of the Clean Air Act, 1956. Coke fired boiler plants were excluded from the survey.

Coal and oil fired boilers in industrial, commercial and hospital premises located in the City of Bradford.

Type of Boiler			Method of Firing					Total
		Sprinkler Stokers	Coking Stokers	Chain Grate Stokers	Under- feed Stokers	Hand Fired	Oil Fired	
Lancashire	..	216	12	13	4	63	1	309
Super Lancashire	..	2	—	3	—	—	—	5
Yorkshire	..	3	—	—	1	1	—	5
Cornish	..	3	2	—	4	30	—	39
Economic	..	2	3	—	2	2	4	13
Super Economic	..	1	3	—	—	—	—	4
Horizontal Thermax	..	—	6	—	1	—	—	7
Horizontal Firetube	..	—	—	—	1	—	—	1
Stationary Loco	..	—	—	—	—	2	—	2
Cochran	..	—	—	—	18	2	5	25
Vertical Cross Tube	..	—	—	—	20	15	5	40
Vertical Thermax	..	—	—	—	2	—	—	2
Water Tube Boiler	..	—	—	7	2	1	—	10
“Packaged” Boiler	..	—	—	—	—	—	5	5
Cast Iron Sectional	..	—	—	—	63	—	23	86
Total	..	227	26	23	118	116	43	553

In the past the black smoke byelaw has been an effective means of making management and boiler-house personnel smoke conscious and this has resulted in a reduction of smoke emissions and the carrying out of numerous improvements to boiler plants. At the present time many boiler plants are being operated in such a manner as to comply with the byelaw relating to the emission of black smoke, but the emission of black smoke in the future will be considered as being a flagrant offence.

In some firms the boiler plant is of modern design and efficient mechanical stokers and instruments have been provided. Maintenance is carried out at regular intervals and the whole plant is operated to give a high rate of efficiency. Unfortunately, this type of boiler plant is still in the minority, but it augurs well for the future. In other firms

boilers are still being hand fired or are mechanically fired by means of old or obsolete stokers. Numerous boiler plants have been in commission for forty or fifty years and, in some instances, it is only possible to give an approximate age of the plant as being over fifty years. A large number of boiler plants have been provided with simple instruments to indicate working conditions. It is fairly general for these instruments to be either out of commission, broken or so covered with dirt as to be useless. In many cases instruments have not been provided.

Some boiler plants are neglected and tolerated as a necessary evil. In these cases it is usual to find the boiler located in some remote corner of a building.

Much attention is being given to electrification of processes throughout industry and especially in the spinning and weaving sections of the textile trade. Several firms have either carried out electrification or are in the course of doing so, or are proposing to do so in the future. There has been a marked reduction in the consumption of coal and the emission of smoke in all cases where electrification has been carried out.

The provisions of the Clean Air Act, 1956 can be realised by the proper application of present day knowledge. In some instances compliance will be effected by changing the type of fuel, in others by the provision of new mechanical stokers or the provision of new or additional boilers with mechanical stokers. New auxiliary equipment will be required in some instances to augment the load on the existing plant.

It is felt that much more attention could be given to heat recovery and/or heat conservation in buildings. Tests have shown that a small amount of work on this aspect of fuel efficiency can result in an appreciable saving of fuel.

Generally throughout the year it was observed that whilst one boiler operative found no difficulty in keeping smoke emissions within reasonable limits, another operative with no change in load or fuel, experienced difficulty in maintaining good working conditions. In almost every instance when a visit was made to premises by the Smoke Inspector there was an immediate reduction in the emission of smoke. This would suggest that personnel could probably do more than is being done at the present time to ensure that smoke emissions are reduced to a minimum. The certification of boiler operatives, although not as yet compulsory, is being encouraged on a voluntary basis and will probably help to standardise the method of operating boiler plants.

The twenty smokeless zones in the city are now well established. In the light of past experience in this field plans are now being considered to adopt the new legislation and establish a smoke control area.

Before clean air can become a reality it will be essential to enlist the co-operation of all sections of the community. What is needed is an enlightened public opinion. If the recent enquiries from members of the public and industry regarding smoke abatement are used as a guide there is every indication that the necessary co-operation will be forthcoming.

The tempo of the smoke abatement campaign has greatly increased in recent years, and it is felt that, although the situation was improved by the appointment of a full-time Smoke Inspector in 1954, additional staff will be required in the near future to cope with the extra work which is now arising from the passing of the Clean Air Act, 1956.

Measurement of Atmospheric Pollution

The standard deposit gauges and lead peroxide instruments were maintained at the five established stations. During the year four portable deposit gauges were constructed and have proved to be useful for investigating the extent of atmospheric pollution in areas not catered for by the five permanent stations. In previous years the readings of deposit gauges have been disrupted due to frost damage. To ensure continuity of the readings plastic collecting bottles are now in use. The portable deposit gauges are also plastic. The volumetric apparatus for measuring the mean daily concentration of sulphur dioxide and smoke in the atmosphere, which is fixed in the Town Hall, was in operation throughout the year.

Deposit Gauges

The monthly reports received from the City Analyst show that the annual deposit was more than in the previous year. Although the figures show an increase it is only on two stations where they are more than the average figure for the previous six years.

The north and central stations have been in operation since 1931 and the other stations from 1950. The figures suggest that four of the stations, although showing some slight fluctuation from year to year, do tend to record a fairly steady rate of deposit. The Ambulance Station has furnished some useful information but the figure is considered

to be an excessive rate of deposit for the particular area suggesting that some local factor is influencing the readings and giving the probable true figure an inflated value. Further investigations are to be carried out in an attempt to ascertain the reason for the high rate of deposit.

From the figures supplied by the Lister Park Weather Station it was noted that the daily average of bright sunshine for the year was 3 hours 23 minutes. This figure is 37 minutes less than the figure for 1955 but is 21 minutes more than the average figure for the previous five years.

Lead Peroxide Instruments

Analysis of the samples collected at the five stations are given below in milligrams of SO_2 per day per 100 square centimetres of lead peroxide for the twelve months period:—

1956		Britannia House	Heaton Reservoir	Bierley Hospital	Chellow Heights	Ambulance Station
January	..	4.34	3.22	2.42	2.83	1.73
February	..	2.58	1.81	2.42	1.78	1.47
March..	..	4.40	2.66	2.60	2.55	1.78
April ..	..	2.78	1.61	1.56	1.67	1.14
May ..	..	1.58	1.11	0.75	0.94	0.84
June ..	..	1.67	0.98	0.58	0.85	0.57
July ..	..	1.39	1.15	0.56	0.80	0.77
August	..	1.44	0.96	0.64	0.77	0.52
September	..	2.15	0.94	0.95	1.49	0.81
October	..	3.14	1.78	1.62	1.93	1.18
November	..	1.12	2.04	2.36	2.13	0.98
December	..	4.76	3.26	1.86	3.57	2.00

Measurement of Sulphur Dioxide and Smoke by the Volumetric Apparatus

The apparatus for measuring the daily concentration of sulphur dioxide and smoke has been in operation continually for the last five years.

The figures below show the highest, the average and the lowest daily mean concentration of sulphur dioxide and smoke for each month of the year. They also show the percentage of days of each month when the sulphur dioxide was (1) below 0.1, (2) between 0.1 and 0.2, and (3) above 0.2 parts per million.

Month	Smoke expressed as milligrams per 100 cubic metres			Sulphur dioxide expressed as parts per 100 million parts of air			Percentage of days (SO ₂ expressed as parts per million of air)		
	High-est Value	Aver-age Value	Low-est Value	High-est Value	Aver-age Value	Low-est Value	Above 0.2	Bet-ween 0.1 0.2	Below 0.1
January	123.85	45.23	16.05	43.38	16.59	6.90	16.7	63.3	20.0
February	104.71	34.04	16.05	40.12	15.05	5.27	13.8	65.5	20.7
March ..	88.30	27.29	4.12	22.46	12.67	5.27	3.3	77.4	19.3
April ..	89.54	31.69	8.02	22.94	11.51	4.17	3.3	60.9	36.7
May ..	33.02	15.84	8.02	15.14	6.90	4.61	—	16.1	83.9
June ..	25.50	14.20	4.21	9.22	6.16	3.16	—	—	100.0
July ..	24.42	11.52	8.00	8.81	4.48	3.14	—	—	100.0
August ..	36.12	10.39	1.65	9.56	5.07	2.52	—	—	100.0
September	99.34	20.47	8.58	19.26	8.16	4.86	—	30.0	70.0
October ..	69.01	24.47	13.23	51.92	12.29	6.61	11.1	59.2	29.7
November	109.46	25.57	8.60	35.95	8.39	7.79	16.6	58.3	25.1
December	223.31	41.83	4.44	72.38	19.51	5.90	26.1	39.2	34.7

Housing

Slum Clearance

Steady progress has been made during the year with the implementation of the Council's slum clearance programme which received Ministerial approval during the year.

The majority of the families affected by the Picton Street and Lister-hills Compulsory Purchase Orders have been rehoused and demolition of the properties was well under way by the end of the year. Both these areas should be entirely cleared within the next few months and ready for redevelopment.

One public inquiry was held in respect of the Lower Manchester Road Compulsory Purchase Order, comprising a total of 405 houses, confirmation of which had not been received before the 31st December, 1956. Two further areas (Mount Street and Bowling), comprising fifty-three houses and nineteen houses respectively, were represented to the Health Committee during the year and these are to be dealt with as Clearance Orders. Inspections have been completed of 421 houses in the proposed Little Horton area.

The number of families displaced under this heading during the year was 330, of which number 285 were rehoused by the Local Authority and 45 found their own alternative accommodation. Two hundred and thirty clearance area houses were demolished during the year.

Individually unfit houses beyond reasonable cost of repair

One hundred and sixty-eight houses were represented to the Health Committee in this category during the year. Ninety-one houses, owned by the Local Authority, were inspected and declared unfit also. Demolition Orders made by the Council totalled eighty-one, seventy-four houses were closed under the powers extended by Section 10 of the Local Government (Miscellaneous Provisions) Act, 1953, and one house was closed under the provisions of the Bradford Corporation Gas and Improvement Act, 1871.

Undertakings were accepted by the Council for the demolition of eight unfit houses, for two houses to be rendered fit for human habitation, and for two houses not to be used for human habitation. One unfit house was rendered fit and 198 unfit houses were demolished during the year.

The number of families displaced during the year in this category was 168, of which number 147 were rehoused by the Local Authority and twenty-one found their own alternative accommodation.

Rehousing Work

This work involves inspection of the effects and premises of all persons qualifying under the points scheme for the tenancies of Corporation houses, the rehousing of displaced tenants, transfers and exchanges and the inspection of all vacant Corporation houses, prior to re-letting.

The total number of visits paid in this connection was 4,162. One thousand, three hundred and thirteen visits were abortive, involving revisits by appointment, consequently actual visits of inspection totalled 2,849. Two hundred and five houses were found to be verminous, or the presence of vermin suspected, from which total 144 families were rehoused, disinfestation being carried out in all these cases prior to removal.

Included in the above figures are 603 houses inspected due to applications for transfers or exchange of Corporation houses, and in only sixteen of these were verminous conditions found and dealt with. Five hundred and fifty-nine visits were paid to vacant Corporation houses prior to re-letting, of which forty-seven were found to be either verminous or to warrant disinfestation on grounds of suspicion.

Thirty-four visits were paid to applicants supported by the Medical Officer of Health for rehousing in cases of urgent necessity on medical grounds, and in none of these cases was disinfestation found to be necessary prior to rehousing.

Points System—Medical Cases

In the points system adopted by the Council for the allocation of Corporation dwellings, provision is made for priority to be given in cases of urgent necessity on medical grounds.

No less than 707 claims for such priority were investigated during the year and in 112 cases special recommendations were made. Thus 15·84 per cent of the cases investigated were supported, which represents 7·29 per cent of the total of 1,536 lettings made during the year.

Of the cases supported on medical grounds 32·14 per cent were in respect of patients suffering from tuberculosis.

In addition to the foregoing, 320 applications were received for transfer from one Corporation house to another on medical grounds. After investigation, 154 (or 48·13 per cent) of these applications were supported.

Bradford Corporation Act, 1949

Hairdressers and Barbers

Section 28 of the Bradford Corporation Act, 1949, requires that every person carrying on the trade or business of a hairdresser or barber

shall be registered with the Corporation, and the Council have made byelaws under this section for securing cleanliness of premises and of the instruments, towels and equipment used therein.

At the end of the year there were 428 such premises on the register, and during the year 25 visits were made to them. Generally speaking, the majority of the proprietors endeavoured to maintain a good standard of hygiene. Several contraventions of the byelaws were observed during these visits, mostly of a minor character. Occupiers were warned, either verbally or by letter, and upon reinspection conditions were found to be satisfactory.

Disinfection and Disinfestation

The work carried out at and from the disinfecting station is summarised in the tables given below. A considerable decrease is noted in the number of premises disinfected during the year. Again this is accounted for by the discontinuance of terminal disinfection in cases of scarlet fever, except when requested. There is also a decrease in the number of school children treated for head lice, evidence that the measures adopted three years ago to deal with this problem have been effective. For comparison last year's figures are shown in brackets.

Disinfection

Number of premises disinfected	..	..	35 (351)
Number of rooms disinfected	..	..	50 (393)
Number of articles disinfected	..	..	446 (283)
Number of library books destroyed	..	..	27 (231)

Disinfestation

Number of premises disinfested..	..	..	460 (461)
Number of rooms disinfested	..	..	1,057 (1,378)
Number of articles disinfested	..	..	3,920 (2,955)

Cleansing of Verminous Persons and Articles

(1) Scabies

	New Cases		Number of Treatments Given
Pre-school children	..	1 (5)	1 (11)
School children	..	7 (13)	27 (37)
Adults	..	12 (14)	36 (42)

(2) *Head and Body Lice, Fleas, etc.*

	New Cases	Number of Treatments Given
Pre-school children ..	15 (14)	35 (24)
School children	176 (313)	670 (998)
Adults	54 (46)	129 (79)
Number of articles disinfested		246 (197)
Number of baths given		180 (91)
Number of operations of steam disin- fectors		182 (174)

Appendix

Table 1 *Vital Statistics of Whole District, 1946-1956*

Year	Population estimated to Middle Year of each corrected	BIRTHS		TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NET DEATHS BELONGING TO THE DISTRICT			
		Un-Numbers	NET	Number	Rate	of Non-residents registered in the District	of Residents not registered in the District	Under 1 Year of Age	At all Ages	Rate per 1,000	Net Number
1946	..	5,871	19.39	4,371	15.7	471	135	265	49	4,035	14.4
1947	..	6,473	22.23	4,782	16.8	494	151	380	59	4,439	15.6
1948	..	5,599	18.84	4,193	14.5	467	145	235	43	3,871	13.4
1949	..	5,344	17.3	4,637	15.9	592	178	191	38	4,223	14.5
1950	..	5,111	16.7	4,517	15.4	497	153	185	38	4,173	14.2
1951	..	4,919	16.4	5,008	17.3	731	179	208	43	4,456	15.4
1952	..	4,885	15.9	4,372	15.0	638	211	155	33	3,945	13.7
1953	..	4,871	15.9	4,502	15.4	554	111	169	36	4,059	14.2
1954	..	4,942	16.4	4,789	16.7	698	145	146	31	4,236	14.8
1955	..	4,913	16.2	4,533	15.8	652	131	130	28	4,012	13.6
1956	..	5,049	16.8	4,543	15.9	645	149	136	28	4,047	14.1

Table 2 *Vital Statistics in Bradford, 1920-1956*

Year		Population	Birth Rate	Death Rate	Infantile Mortality Rate
1920	..	293,979	20·52	13·31	93
1921	..	291,100	19·57	13·72	109
1922	..	291,300	17·92	14·02	87
1923	..	290,800	18·19	13·75	78
1924	..	290,200	16·94	14·86	92
1925	..	290,200	16·63	13·97	95
1926	..	288,700	16·31	13·58	92
1927	..	293,200	14·73	14·57	92
1928	..	288,500	15·32	13·60	69
1929	..	289,200	15·03	15·66	80
1930	..	293,254	14·92	13·45	75
1931	..	300,900	13·56	14·21	71
1932	..	296,300	13·56	13·89	75
1933	..	295,100	13·22	14·68	79
1934	..	293,650	13·68	13·35	62
1935	..	292,200	13·55	14·28	64
1936	..	290,500	13·42	14·93	82
1937	..	289,510	13·85	14·64	69
1938	..	288,700	13·51	13·76	58
1939	..	287,500	12·42	14·91	61
1940	..	*271,700	12·81	15·85	68
1941	..	*270,310	12·35	14·81	68
1942	..	*264,800	13·90	13·29	50
1943	..	*260,300	14·46	14·43	58
1944	..	*261,890	16·15	15·00	53
1945	..	*262,660	15·84	14·90	65
1946	..	*279,040	19·39	14·46	49
1947	..	284,900	22·23	15·60	59
1948	..	288,500	18·84	13·41	43
1949	..	291,600	17·3	14·50	38
1950	..	294,300	16·7	14·2	38
1951	..	289,800	16·4	15·4	43
1952	..	288,000	15·9	13·7	33
1953	..	286,600	15·9	14·2	37
1954	..	286,500	16·4	14·8	31
1955	..	286,400	16·2	13·6	28
1956	..	286,400	16·8	14·1	28

* Civil Population

Table 3

Public Health (Tuberculosis) Regulations, 1952

Summary of Notifications of Tuberculosis during 1956

Number of Primary Formal Notifications of New Cases of Tuberculosis															Grand	
Age Periods	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75— (all ages)	Total	*	Total
Respiratory, Males ..	—	2	1	3	1	13	11	28	23	28	25	8	—	143	4	147
Respiratory, Females ..	—	2	4	4	4	6	14	33	14	9	7	3	1	101	4	105
Non-respiratory, Males ..	—	—	—	3	—	—	—	1	1	1	—	1	—	7	3	10
Non-respiratory, Females	—	—	2	1	1	1	2	1	3	3	1	—	—	15	1	16
											Totals	..	..	266	12	278

* New cases of tuberculosis coming to the knowledge of the Medical Officer of Health during the above-mentioned period, otherwise than by formal notification (i.e., death returns from local registrars, transferable deaths from Registrar General, and posthumous notifications).

Table 4 *Age Distribution of Cases of Infectious Disease, 1956*

Disease	At ages—years									
	At all ages	Under 1	1-2	3-4	5-9	10-14	15-24	25 and over	un-known	
Scarlet Fever	354	1	38	79	189	38	6	2	1	
Measles	232	17	38	48	123	3	2	1	—	
Whooping Cough ..	1,167	124	289	344	371	21	2	8	8	
Poliomyelitis—										
Paralytic	3	—	1	1	—	—	—	1	—	
Non-paralytic ..	5	—	—	—	1	1	—	3	—	
	At all Under									
	ages	5	5-14	15-44	45-64	65 and over	Age un-known			
Meningococcal Infection	..	..	11	6	3	2	—	—	—	
Encephalitis—										
Infective	..	..	1	—	1	—	—	—	—	
Post-infectious ..	..	..	1	1	—	—	—	—	—	
Puerperal Pyrexia	..	..	27	—	—	27	—	—	—	
Ophthalmia Neonatorum ..	..	..	9	9	—	—	—	—	—	
Pemphigus	..	..	—	—	—	—	—	—	—	
Paratyphoid Fever	..	..	8	4	—	2	1	—	1	
Dysentery	..	..	485	187	127	53	17	10	91	
Infective Enteritis	..	..	1,147	481	202	286	110	50	18	
Food Poisoning	..	..	96	3	46	35	12	—	—	
Salmonellosis	..	..	230	99	36	51	33	8	3	
Tuberculosis—										
Pulmonary	..	..	244	9	12	142	69	12	—	
Non-pulmonary ..	..	..	22	2	5	9	5	1	—	
Pneumonia	..	..	449	110	59	96	102	68	14	
Erysipelas	..	..	63	3	7	14	27	12	—	

Table 5 *Dental Care of Expectant and Nursing Mothers and Pre-School Children. Summary of Work Done, 1956*

	No. of Patients	No. of Visits	Extractions	Fillings	Extractions	Fillings	Scale and Polish	Dressings	General Anaesthetics	Local Anaesthetics	Full Dentures	Partial Dentures	Denture Repairs	X-rays
St. Luke's Hospital Ante-Natal	..	58	210	—	—	33	4	11	22	49	33	6	—	—
Edmund Street Ante-Natal	..	690	1,945	—	—	420	55	63	201	476	131	72	23	31
Occupational Centre	..	23	26	—	—	19	—	—	20	1	—	—	—	1
Pre-School Children	..	456	640	877	81	—	—	21	483	2	—	—	—	—
Child Clinic—Day Nurseries	..	62	86	51	67	—	—	—	36	—	—	—	—	—
School Children	..	57	211	5	—	84	—	3	4	17	1	31	21	3
Totals	..	1346	3118	949	148	1942	59	98	766	545	165	109	44	35

Table 6 *Food Premises Registered under Section 14, Food and Drugs Act, 1938, and Dairies Registered under Milk and Dairies Regulations, 1949-1954. Number of Inspections, 1956*

	Number of Number Inspections	
<i>Section 14, Food and Drugs Act, 1938</i>		
Premises used for the sale, storage or manufacture of ice cream	638	1,243
Premises used for the preparation of sausages or potted, pressed, pickled or preserved meats	271	546
Premises used for the preparation of fish by any process of cooking (fried fish shops)	280	627
<i>Milk and Dairies Regulations, 1949-1954</i>		
Dairies	46	280

Table 7 *Number of Food Premises by Type of Business as at 1956*

Type of Business	Number
Bakehouses	275
Butchers' Shops	411
Chemists and Druggists	129
Confectioners' Shops	444
Fish, Fruit and Game Shops	452
Grocers' Shops	1,119
Fish Friers' Shops	280
Tripe Shops	38
Sweets Shops	331
Public Houses	396
Clubs	156
Restaurants and Cafes	330
Ice Cream Manufacturers	9
Mineral Water Manufacturers	12
Wholesale Miscellaneous Food Premises	127
Industrial Canteens	332
Total	4,841

Table 8 *Number of Shops, and Premises other than Shops to which the Shops Act, 1950, applies (not included in the above table) by Type of Business, as at 1956*

Type of Business	Number
Boot Repairers and Grindery	169
Chemists and Druggists	127
China and Glassware	19
Drapers	223
Electrical and Wireless	119
Florists	34
Furnishers.. .. .	134
Hardware, Ironmongery.. .. .	173
Hairdressers	428
Jewellers	45
Motors, Cycles, Petrol	135
Newsagents	279
Pawnbrokers	17
Photographers	15
Wearing Apparel	519
Wallpaper and Decorators	56
Mixed Businesses	122
Miscellaneous Trades	222
Wholesale Shops and Warehouses	170

Table 9 *Administration of the Food Hygiene Regulations 1955/6 and the Shops Act, 1950, during 1956*

Inspections	..	..	1,236
Warning letters sent		..	409
Verbal warnings	..	..	299

Details of contraventions noted and work done in food and shop premises.

						Contraventions	
						Noted	Remedied
Structural repairs and improvements						237	14
Structural cleanliness						474	52
Lighting						5	—
Ventilation						14	2
Wash-hand basins—provision or renewal						422	68
Sinks—provision or renewal						94	13
Hot water—provision or improvement						188	52
Drainage						9	2
Equipment, improvement of						183	16
Equipment, cleanliness of						47	8
Protection of food						124	8
Food storage temperatures						25	—
Personal cleanliness						22	2
Smoking in food premises						12	12
First Aid equipment						205	14
Refuse disposal						244	13
Laundry reception in food shops						6	—
Rodent infestations						7	2
Sanitary conveniences—Repairs						40	2
Cleanliness						85	4
Lighting						2	—
Ventilation						8	—
Hand-washing notices						138	1
Storage of clothing						40	1
Miscellaneous						102	—
Totals						2,735	224

Table 10 *Inspections and Contraventions under the Shops Act, 1950, during 1956*

Number of shops on register	7,012		
Total number of inspections	757		
Offences Ascertained	No. of Offences	No. of Verbal Warnings	No. of Verbal Warnings Confirmed by Letter
Prescribed form relating to half holiday of assistants not displayed	6	6	—
Correct meal times not allowed to assistants	1	1	1
Half holiday not allowed to assistants.. .. .	—	—	—
Notice of day of weekly half holiday not fixed ..	4	4	—
Shop open after closing hour on weekly half holiday ..	10	10	10
Notices not displayed in mixed shops on weekly half- holiday	4	4	—
Hawking on weekly half holiday after hour fixed by Order	—	—	—
Shop open after closing hour fixed by Closing Order ..	—	—	—
Selling in places after closing hour	—	—	—
Without notice relating to seats—Form K	3	3	—
Seats not provided for female shop assistants.. ..	—	—	—
<i>Sunday Trading Restrictions</i>			
Shop open for non-exempted sales	4	2	2
Notices not displayed stating purpose for which shop open	2	2	2
Without Form VII	—	—	—
Assistants employed on more than three Sundays in a month	—	—	—
Assistants not allowed a compensatory holiday ..	—	—	—
<i>Young Persons</i>			
Abstract relating to young persons not displayed— Forms H and J	—	—	—
Young persons employed more than 48 hours per week	—	—	—
Young persons employed in shop after being em- ployed in factory for permitted hours ..	—	—	—
Without schedule of young persons hours—Form F ..	—	—	—
Without overtime record—Form G	—	—	—
Young persons employed overtime in excess of yearly limit	—	—	—
Overtime worked by young persons in more than 6 weeks	—	—	—
TOTALS	34	32	15

Table II *Number of Samples Procured and Examined in 1956*

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	In- Formal	formal	Total	In- Formal	formal	Total
Antiseptic voice and throat pas- tilles	—	1	1	—	—	—
"Appeal to cow" milks	5	—	5	—	—	—
Baked beans	—	1	1	—	—	—
Baking powder	—	6	6	—	—	—
Beef suet	—	5	5	—	—	—
Beef sausage	2	26	28	—	4	4
Bicarbonate of soda	—	1	1	—	—	—
Biscuits	—	1	1	—	—	—
Blancmange powder	—	1	1	—	—	—
Bourbon creams	—	1	1	—	—	—
Brawn	—	1	1	—	—	—
Brisket of beef	—	1	1	—	—	—
Bronchial mixture	—	1	1	—	—	—
Butter	—	7	7	—	—	—
Cake mix	—	1	1	—	—	—
Camphorated oil (B.P.)	—	1	1	—	—	—
Carbolic ointment.. .. .	—	1	1	—	—	—
Cascara tablets (B.P.)	—	1	1	—	—	—
Cheese	—	4	4	—	—	—
Cheese spread with ham	—	1	1	—	—	—
Chickletts	—	1	1	—	—	—
Chicken pattie	—	1	1	—	—	—
Children's cherry bark cough syrup	—	1	1	—	—	—
Chocolate	—	2	2	—	—	—
Chocolate milk flavouring	—	1	1	—	—	—
Chipolata sausage.. .. .	—	1	1	—	—	—
Christmas pudding	—	6	6	—	—	—
Cocoa	—	3	3	—	—	—
Codeine tablets (B.P.)	—	2	2	—	—	—
Co. syrup of hypophosphites (B.P.C.)	—	1	1	—	—	—
Coffee	—	4	4	—	—	—
Coffee and chicory essence	—	4	4	—	—	—
Cold and influenza tablets	—	1	1	—	—	—
Condensed milk	—	2	2	—	—	—
Cream	—	11	11	—	—	—
Creamed rice	—	1	1	—	—	—
Curry powder	—	3	3	—	—	—
Currants	—	1	1	—	—	—
Custard powder	—	2	2	—	—	—
Cut peel	—	1	1	—	—	—
Digesto mints	—	1	1	—	—	—
Dressed crab	—	1	1	—	—	—
Demerara sugar	—	2	2	—	—	—
Double cream	—	1	1	—	—	—
Egg yellow (synthetic)	—	1	1	—	—	—
Epsom salts (B.P.)	—	1	1	—	—	—
Evaporated milk	—	2	2	—	—	—
Fish cake	—	9	9	—	—	—
Fish paste	—	3	3	—	—	—
Flour	—	3	3	—	—	—
Fresh garden peas	—	2	2	—	—	—

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	Formal	In- formal	Total	Formal	In- formal	Total
French coffee	—	1	1	—	—	—
Fruit cake mix	—	1	1	—	—	—
Full cream (Evap. Milk un- sweetened)	—	1	1	—	—	—
Garden French beans	—	1	1	—	—	—
Garden peas	—	1	1	—	—	—
Gee's linctus (B.P.C.)	—	1	1	—	—	—
Gelatine	—	1	1	—	—	—
Gin	1	—	1	—	—	—
Glycerine, honey and lemon jubes	—	1	1	—	—	—
Glucose tablets	—	1	1	—	—	—
Golden raising flour	—	1	1	—	—	—
Ground almonds	—	1	1	—	—	—
Horseradish sauce	—	3	3	—	—	—
Ice cream	1	31	32	—	1	1
Ice cream powder	—	1	1	—	—	—
icing sugar	—	1	1	—	—	—
Imitation cream	—	2	2	—	—	—
Indian brandee	—	1	1	—	1	1
Jam	—	9	9	—	—	—
Jelly	—	5	5	—	—	—
Jelly creams	—	1	1	—	—	—
Kard	—	5	5	—	—	—
Lemon curd	—	6	6	—	—	—
Lemonade	—	1	1	—	—	—
Lime juice and soda	—	1	1	—	—	—
Luncheon meat	—	1	1	—	—	—
Malt vinegar	—	1	1	—	—	—
Margarine	—	8	8	—	—	—
Marmalade	—	2	2	—	—	—
Marzipan substitute	—	1	1	—	—	—
Meat paste	—	6	6	—	—	—
Meat paste (chicken)	—	1	1	—	—	—
Meat pudding	—	1	1	—	—	—
Meat pie	—	2	2	—	—	—
Milk chocolate	—	2	2	—	—	—
Milk chocolate cream egg	—	2	2	—	—	—
Mincemeat	—	8	8	—	—	—
Mint sauce	—	3	3	—	—	—
Mixed fruit (currants and sultanas)	—	3	3	—	—	—
Mixed fruit sponge pudding	—	1	1	—	—	—
Mustard	—	3	3	—	—	—
Milk	160	1,245	1,405	26	81	107
Noodle soup mix (chicken flavour)	—	1	1	—	—	—
Orange crush	—	2	2	—	—	—
Orange curd	—	1	1	—	—	—
Orange drink	—	1	1	—	—	—
Pepper	—	3	3	—	—	—
Plain flour	—	2	2	—	—	—
Pork sausage	—	19	19	—	2	2
Pork luncheon meat	—	1	1	—	—	—
Potted beef	—	3	3	—	—	—
Potted meat	—	4	4	—	—	—
Powdered gelatine	—	1	1	—	—	—
Pure lemon juice	—	1	1	—	—	—
Pure malt vinegar	—	2	2	—	—	—

Nature of Sample	Number Examined			Number Adulterated (or otherwise giving rise to irregularity)		
	Formal	In-		Formal	In-	
		formal	Total		formal	Total
Real minced turkey	—	1	1	—	—	—
Rum	2	—	2	—	—	—
Sage and onion stuffing	—	1	1	—	—	—
Salmon paste	—	1	1	—	—	—
Salmon spread	—	1	1	—	—	—
Salade cream	—	4	4	—	—	—
Sauce	—	7	7	—	—	—
Self-raising flour	—	5	5	—	—	—
Shredded beef suet	—	1	1	—	—	—
Small sild in tomato sauce	—	1	1	—	—	—
Soup	—	9	9	—	—	—
Sparkling orange	—	1	1	—	—	—
Sponge mixture	—	1	1	—	—	—
Sterilised cream	—	2	2	—	—	—
Sultanas	—	3	3	—	—	—
Steak pie	—	1	1	—	—	—
Suet dumpling mixture	—	1	1	—	—	—
Sugar	—	1	1	—	—	—
Sunny spread	—	1	1	—	—	—
Sweets	—	10	10	—	—	—
Sweetened condensed milk	—	2	2	—	—	—
Synthetic orange colour	—	1	1	—	—	—
Table jelly	—	2	2	—	—	—
Tea	—	3	3	—	—	—
Tinned fruit	—	1	1	—	—	—
Tinned peas	—	1	1	—	—	—
Tinned cherries in syrup	—	1	1	—	—	—
Tomato ketchup	—	4	4	—	—	—
Vanilla flavouring	—	1	1	—	—	—
Veal, ham and egg pie	—	1	1	—	—	—
Vegetable macedoine	—	2	2	—	—	—
Vitamin tablets	—	1	1	—	—	—
Whipped cream snowballs	—	1	1	—	—	—
Whisky	3	—	3	—	—	—
White pepper	—	1	1	—	—	—

Table 12 *Feeding Stuffs Samples taken in 1956*

Cow Ration	2
Dairy Cubes	1
Milkwell Nuts	1
Calfwena Pencils	1
Pig Meal No. 1	6
Pig Meal No. 2	4
Battery Layers Mash	3
Layers Mash	3
Baby Chick Food	1

Table 13 *Fertilisers Samples taken in 1956*

National Growmore	1
Fish Manure	1
Liquid Blood Manure	1

Table 14 *Meat Inspection—Carcases Inspected and Condemned, 1956*

	Cattle	Calves	Sheep	Pigs	Horses
Number killed in public abattoir ..	21,485	9,812	71,799	31,902	—
Number killed in private slaughter-houses	2,237	58	5,062	4,055	—
Total number of animals killed ..	23,722	9,870	76,861	39,117	—
Number of animals killed outside the city and exposed for sale in abattoir	1,119	—	—	3,160	—
Number inspected	24,841	9,870	76,861	39,117	—
<i>All Diseases except Tuberculosis and Cysticerci:—</i>					
Whole carcases condemned	27	49	65	64	—
Carcases of which some part or organ was condemned	6,039	62	2,171	1,408	—
Percentage of number inspected affected with disease other than tuberculosis and cysticerci	24.41	1.12	0.029	3.76	—
<i>Tuberculosis only:—</i>					
Whole carcases condemned	89	1	—	19	—
Carcases of which some part or organ was condemned	2,266	—	—	733	—
Percentage of number inspected affected with tuberculosis	9.47	0.001	—	1.92	—
<i>Cysticercosis:—</i>					
Carcases of which some part or organ was condemned	80	—	—	—	—
Carcases submitted to treatment by refrigeration	80	—	—	—	—
Generalised and totally condemned ..	—	—	—	1	—

Table 15 *Whole Carcases and Organs Condemned, 1956*

	Cattle	Calves	Sheep	Pigs
Asphyxia	—	—	7	2
Blackleg	1	—	—	—
Bruising, generalised	3	—	4	—
Carcinoma, generalised	—	—	—	1
Cysticercosis	—	—	—	1
Decomposition	—	—	1	—
Dead on arrival	—	—	4	2
Emaciation	—	—	9	—
Fevered	8	13	14	12
Immaturity	—	19	—	—
Jaundice	—	2	—	4
Moribund	—	—	4	3
Oedema, generalised	6	6	7	13
Pericarditis, septic	1	—	—	—
Peritonitis, septic	2	1	—	10
Pleurisy	—	—	—	1
Poliarthritis, septic	—	7	—	—
Pyaemia	—	3	—	5
Pneumonia, septic	—	—	—	3
Parasitic emaciation and oedema ..	—	—	16	—
Septicaemia	4	1	2	3
Sapraemia	—	—	—	2
Swine erysipelas	—	—	—	5
Tuberculosis, generalised	103	1	—	25
Tuberculosis septicaemia	1	—	—	—
Totals	129	53	68	92

Table 16 *Partial Carcasses and Organs Condemned, 1956*

		Partial Carcase	Lungs	Heart	Stom- ach	Intes- tines	Liver	Pluck	Head
Inflammatory Conditions	Cattle	5	612	296	287	321	632	—	312
	Sheep	9	—	—	—	—	156	272	—
	Calves	7	—	—	—	—	39	16	—
	Pigs	2	—	—	—	496	—	314	16
Parasitic Conditions	Cattle	1	282	32	18	152	2,541	—	80
	Sheep	1	—	—	—	—	774	788	—
	Calves	—	—	—	—	—	—	—	—
	Pigs	—	—	—	—	69	257	141	—
Tuberculosis	Cattle	79	931	120	85	183	521	—	347
	Sheep	—	—	—	—	—	—	—	—
	Calves	—	—	—	—	—	—	—	—
	Pigs	22	—	—	—	101	—	179	431
Miscellaneous	Cattle	14	130	67	59	26	146	—	26
	Sheep	4	—	—	—	—	104	63	—
	Calves	—	—	—	—	—	—	18	—
	Pigs	6	—	—	—	26	36	36	9

Table 17 *Total Weight of Meat Condemned, 1956*

Home Killed

						lbs.
Beef:	whole carcasses ..	..	..	..	..	56,242
	part ..	..	..	..	..	8,653
Mutton:	whole carcasses ..	..	..	..	..	3,176
	part ..	..	..	..	..	95
Veal:	whole carcasses ..	..	..	..	..	2,465
	part ..	..	..	..	..	175
Pork:	whole carcasses ..	..	..	..	..	13,443
	part ..	..	..	..	..	1,460
	" Total	..	..	..	..	85,709

Imported Meat and Meat Products

Beef	..	..	..	..	..	..	4,047
Pork	..	..	..	..	..	..	292
Mutton	..	..	..	..	..	..	305
Bacon	..	..	..	..	..	..	197
Ham	..	..	..	..	..	..	39
Lamb Liver	..	..	..	..	..	..	177
Pig Liver	..	..	..	..	..	..	56
Pig Kidney	..	..	..	..	..	..	28
			Total	..	..	..	5,141

Weight of Offals Condemned

Beef	..	..	..	..	..	..	133,217
Mutton	..	..	..	..	..	..	9,070
Veal	..	..	..	..	..	..	1,045
Pork	..	..	..	..	..	..	23,305
			Total	..	..	..	166,637

The total weight of meat condemned was 257,487 lbs., that is 114 tons, 18 cwts., 111 lbs. In addition, the following weight of tinned meats was condemned, 3 tons, 1 cwt., 14 lbs.

Table 18 *Various Condemned Foods, 1956*

				tons	cwts.	qrs.	lbs.
Apples	..	..	..	—	15	—	—
Bananas	..	..	..	—	1	—	8
Beetroot	..	..	..	—	7	2	—
Cabbages	..	..	..	4	14	2	—
Carrots	..	..	..	2	11	—	24
Cauliflowers	..	..	..	1	18	—	—
Cheese	..	..	..	—	—	1	10
Dried Fish	..	..	..	—	15	1	14
Dried Fruit	..	..	..	—	—	1	—
Flour ..	..	..	..	3	3	2	11
Grapefruit	..	..	..	—	—	3	21
Lettuce	..	..	..	—	5	1	2
Oranges	..	..	..	—	—	3	16
Peaches	..	..	..	—	1	—	8
Pears ..	..	..	..	1	16	1	16
Peas ..	..	..	..	4	4	1	4
Potatoes	..	..	..	—	10	2	24
Shellfish	..	..	..	—	2	1	16
Sprouts	..	..	..	—	14	3	20
Swedes	..	..	..	—	17	2	—
Tomatoes	..	..	..	—	15	—	16
Wet Fish	..	..	..	—	15	—	6
Miscellaneous	..	..	..	—	4	—	7
Total ..	..	..	..	24	15	1	27

Table 19 *Condemned Tinned Goods, 1956*

							No. of tins
Fruit	..	..	..	..	..	..	1,859
Vegetables	..	..	..	..	..	..	1,440
Milk	..	..	..	..	..	..	518
Fish	..	..	..	..	..	..	728
Soup	..	..	..	..	..	..	—
Miscellaneous	..	..	..	..	..	..	405
Total	..	..	..	..	..	..	4,950

(the weight of tinned meat condemned is given in Table 17)

Table 20 *Particulars of Work Done by District Public Health and Housing Inspectors during 1956, with Comparative Figures for 1955*

	1955	1956
<i>Inspection of Dwellings:—</i>		
No. of houses inspected under Housing Acts	1,691	1,522
No. of houses in respect of which notices were served requiring repairs	79	74
No. of houses rendered fit after formal notice:—		
(a) by owners	78	43
(b) by L.A. on default	19	9
No. of houses rendered fit without service of formal notices ..	49	15
No. of re-visits	2,788	4,453
No. of houses let in lodgings inspected	121	79
No. of notices served—owners	4	8
occupiers	1	—
lodgers	—	—
No. of notices complied with	10	18
No. of overcrowded houses visited	118	9
No. of houses decrowded	1	3
No. of houses demolished in pursuance of demolition orders ..	6	84
No. of houses inspected under Public Health Acts	12,749	14,280
No. of notices served requiring defects to be remedied at these houses	1,466	1,739
No. of notices complied with:—		
(a) by owners	1,161	1,477
(b) occupiers	60	80
(c) by L.A. on default	487	212
No. of houses rendered fit without service of formal notices ..	553	768
No. of revisits	18,607	20,426
No. of common lodging houses visited	23	33
No. of notices served	21	6
No. of notices complied with	22	2
<i>Inspections and Visits:—</i>		
No. of complaints investigated	4,091	4,564
No. of visits and inspections (other than dwelling houses) ..	1,627	1,085
No. of schools inspected	79	37
No. of graveyards inspected	3	92
No. of cinemas inspected	96	75
No. of piggeries inspected	16	15
No. of offensive trade premises inspected	49	27
No. of second-hand furniture and clothing shops visited ..	98	103
<i>Miscellaneous Nuisances, etc.:—</i>		
Dangerous places referred to City Engineer	67	93
Absence of or defective dustbins referred to Cleansing Department	79	103
Choked sewers and street gulleys reported	286	300
Wastes of water reported to Waterworks Department	148	193
Samples of water taken for:—		
(a) chemical analysis	344	263
(b) bacteriological examination	320	363
Premises dealt with under Prevention of Damage by Pests Act, 1949	26	6
<i>Factories and Workplaces:—</i>		
No. of factories inspected	2	1
No. of workplaces inspected	—	—
No. of smoke observations	1	—

<i>Courts, Back Yards, Stable Yards, etc.:—</i>						1955	1956
Yard and passage paving repaired	..	..	..	..	..	9	14
Yards re-paved	..	..	..	..	..	—	4
Yards and passages newly paved	..	..	..	..	..	—	—
Yards cleansed	..	..	..	..	..	12	30
Passages cleansed and limewashed	..	..	..	..	..	—	1
Manure pits repaired	..	..	..	..	..	—	—
Manure pits provided	..	..	..	..	..	—	—
<i>Keeping of Animals, etc.:—</i>							
Improper keeping of swine prohibited	..	..	..	..	..	1	1
Piggeries repaired	..	..	..	..	..	—	—
New piggeries provided	..	..	..	..	..	—	—
Piggeries abolished or disused	..	..	..	..	..	1	1
Improper keeping of fowls, etc., prohibited	..	..	..	..	..	7	9
Accumulations of offensive matter, etc., removed	..	..	..	..	..	96	94
Accumulations of manure removed	..	..	..	..	..	48	—

Table 21 *Factories Acts, 1937 and 1948*

Inspections for purposes of provisions as to health in 1956

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.. ..	264	136	22	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2,345	512	29	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	35	3	—	—
Total	2,644	651	51	—

Cases in which defects were found

Particulars	Found	Remedied	Referred To H.M. Inspector	No. of cases in which prosecutions were instituted
Want of cleanliness (S.1) ..	23	14	—	7
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	5	6	—	4
Inadequate ventilation (S.4)..	—	1	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary Conveniences (S.7)—				
(a) Insufficient	1	5	—	2
(b) Unsuitable or defective..	25	14	—	12
(c) Not separate for sexes ..	1	2	—	1
Other offences against the Act (not including offences relating to Outwork)	15	16	—	9
Total	70	58	—	35

<i>Drain Testing:—</i>							1955	1956
Number of volatile tests	..	..	..	}	Positive	..	48	66
					Negative	..	401	302
Number of colour tests	..	..	..	}	Positive	..	359	366
					Negative	..	1,491	1,594
Number of smoke tests (rocket)	..	..	..	}	Positive	..	58	44
					Negative	..	117	167
Number of smoke tests (machine)..	..	..	..	}	Positive	..	3	25
					Negative	..	5	22
Number of water under pressure tests	..	..	..	}	Positive	..	289	61
					Negative	..	659	298

Drainage and Sanitary Arrangements:—

Choken drains cleansed	..	..	..	..	..	..	689	764
Drains amended	..	..	..	..	..	..	812	560
Drains reconstructed	..	..	..	..	..	..	895	709
Extra drains provided	..	..	..	..	..	..	592	444
Cellars drained	..	..	..	..	..	..	2	29
Drains underneath houses abolished	..	..	..	..	..	..	9	3
Drainage systems intercepted from sewer	..	..	..	..	..	..	130	30
Open drain inlets trapped	..	..	..	..	..	..	20	39
Waste pipes trapped	..	..	..	..	..	..	150	178
Waste pipes disconnected	..	..	..	..	..	..	256	294
Rainwater pipes disconnected	..	..	..	..	..	..	405	216
Rainwater conductors repaired or renewed	..	..	..	..	..	..	529	728
Sinks replaced	..	..	..	..	..	..	115	87
Sink waste pipes repaired or renewed	..	..	..	..	..	..	163	145
Water closet pedestals renewed	..	..	..	..	..	..	208	178
Water closets and flushing apparatus repaired	..	..	..	..	..	..	179	222
Water closets cleansed	..	..	..	..	..	..	53	19
Water closet apartments cleansed and limewashed	..	..	..	..	..	..	41	73
W.C. apartments properly lighted and ventilated	..	..	..	..	..	..	43	74
General repairs to water closets	..	..	..	..	..	..	326	256
Additional W.C. accommodation provided	..	..	..	..	..	..	416	352
Soil pipes repaired or renewed	..	..	..	..	..	..	38	43
Privy apartments cleansed and limewashed	..	..	..	..	..	..	—	4
Privy structures abolished	..	..	..	..	..	..	2	17
Privies converted to—W.C.s	..	..	..	..	..	..	52	18
Chemical closets	..	..	..	..	..	..	—	1
Ashpits abolished and dustbins substituted therefore	..	..	..	..	..	..	—	2
Urinals cleansed, amended or screened	..	..	..	..	..	..	—	—
Urinals remodelled	..	..	..	..	..	..	1	—
New urinals provided	..	..	..	..	..	..	1	15

Dwelling Houses, etc.:—

Dampness excluded	..	..	..	..	..	..	885	712
Roofs repaired	..	..	..	..	..	..	639	765
Houses or parts cleansed and limewashed	..	..	..	..	..	..	22	39
Verminous houses disinfested	..	..	..	..	..	..	39	42
Ventilation improved	..	..	..	..	..	..	17	25
Window cords repaired or renewed	..	..	..	..	..	..	496	292
Lighting improved	..	..	..	..	..	..	26	20
General repairs executed	..	..	..	..	..	..	1,690	1,563
Cooking ranges repaired or renewed	..	..	..	..	..	..	98	66
Washing coppers provided or renewed	..	..	..	..	..	..	3	1
Handrails provided	..	..	..	..	..	..	2	3
New food stores provided and ventilated	..	..	..	..	..	..	7	4
Water supply improved	..	..	..	..	..	..	213	141
Houses supplied with city water supply	..	..	..	..	..	..	5	15
Outbuildings repaired	..	..	..	..	..	..	10	8
Septic tank and filter installations provided	..	..	..	..	..	..	—	1
Effluvium nuisance abated	..	..	..	..	..	..	33	32

Table 22 *Summary of Work Executed in Factories and Workplaces, 1956*

Summary of Work Executed						Factories	Work-places
No. of additional W.C.s provided	..	..	..	..	..	36	22
No. of additional urinals provided	..	..	..	..	..	8	1
No. of obsolete urinals renewed	..	..	..	..	..	2	—
No. of existing conveniences provided with:—							
(1) Sufficient ventilation	..	..	..	..	..	11	—
(2) Intervening ventilated spaces	..	..	..	..	..	14	1
(3) Notices indicating sex of user	..	..	..	..	..	6	—
(4) Effective screening	..	..	..	..	..	1	—
(5) Separate approaches	..	..	..	..	..	2	—
(6) Effective lighting by day	..	..	..	..	..	1	—
(7) Effective lighting by night	..	..	..	..	..	23	1
*(8) Lavatory basins, troughs or fountains	..	..	..	..	..	47	16
No. of Conveniences in connection with which:—							
(1) (a) Top and walls were white-washed, colour-washed or otherwise cleansed	..	..	..	..	..	22	—
(b) Surfaces were painted, renewed or satisfactorily cleansed	..	..	..	..	..	14	1
(2) Sanitary fittings were repaired	..	..	..	..	..	1	2
(3) General repairs to structure were carried out	..	..	..	..	..	4	—
(4) Drains, soil pipes, ventilating shafts were repaired or renewed	..	..	..	..	..	4	—
(5) Drains were cleansed	..	..	..	..	..	7	—
(6) Drains were amended or reconstructed	..	..	..	..	..	4	7
(7) New drains were provided	..	..	..	..	..	24	21
Drain Testing:—							
No. of colour tests — P	..	..	..	..	..	4	10
N	..	..	..	..	..	29	25
No. of volatile tests — P	..	..	..	..	..	—	—
N	..	..	..	..	..	—	—
No. of smoke tests — P	..	..	..	..	..	—	—
N	..	..	..	..	..	2	—
No. of hydraulic tests—P	..	..	..	..	..	—	—
N	..	..	..	..	..	—	—

* Enforced by H.M. Factories Inspector but incorporated in schemes supervised by Local Authority Factory Inspector.

Table 23

Factories Act, 1937, Sections 110 and 111

Number of Outworkers Engaged in Various Trades as at August 1956

Nature of Work	No. of outworkers in August list required by Section 110 (1) (c)	SECTION 110		SECTION 111		
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel, making, etc. . .	317	—	—	—	—	—
Household linen . .	6	—	—	—	—	—
Curtains and furniture hangings	11	—	—	—	—	—
Furniture and uphol- stery	10	—	—	—	—	—
Umbrellas, etc. . .	1	—	—	—	—	—
Brush making . .	1	—	—	—	—	—
Textile weaving . .	415	—	—	—	—	—
Total . .	761	—	—	—	—	—

Table 24 *Atmospheric Pollution—Annual Deposits, 1946–1956*
(Tons per Square Mile)

Year	Total Solids	Water-insoluble Matter			Water-soluble Matter		
		Soluble in CS ₂ (Tarry Matter)	Insoluble in CS ₂ (Combustible Matter)	Ash	Sulphate as SO ₄	Chlorine as Cl	Lime as Ca
North							
1946	157.63	4.05	20.40	31.48	36.17	24.43	8.31
1947	214.10	2.96	36.31	74.52	29.13	17.56	3.37
1948	166.39	3.46	23.76	38.04	21.20	16.14	1.76
1949	177.48	2.71	28.29	39.93	32.40	18.97	3.49
1950	162.97	2.07	28.31	55.42	25.21	19.85	3.49
1951	190.03	5.00	24.01	58.01	31.94	19.28	3.81
1952	181.90	2.06	25.10	54.23	30.77	18.39	3.04
1953	192.01	1.26	33.12	57.96	37.96	12.75	3.33
1954	181.70	1.81	23.70	42.02	48.06	15.72	4.19
1955	128.36	1.32	18.90	42.94	34.90	11.89	2.29
1956	155.55	1.04	16.85	34.97	41.81	12.27	3.25
Central							
1946	255.92	5.30	40.01	78.89	42.34	32.61	6.05
1947	232.00	4.25	45.41	81.11	31.20	22.11	5.26
1948	233.28	3.65	44.33	75.15	30.58	23.73	3.53
1949	222.77	2.89	37.46	60.27	38.00	24.51	4.53
1950	223.94	2.63	48.90	83.67	28.46	23.96	3.95
1951	250.08	6.35	49.03	78.57	32.60	33.13	4.68
1952	231.18	2.97	49.74	73.21	32.29	21.04	4.52
1953	194.74	1.63	39.64	61.25	32.18	16.54	4.61
1954	284.02	3.14	61.53	88.94	48.18	23.06	4.88
1955	213.90	1.69	36.96	67.49	40.31	15.20	3.70
1956	252.18	1.97	46.93	76.72	51.04	14.46	3.87
Bierley Hall							
1950	142.51	2.39	24.82	41.86	22.47	19.84	3.83
1951	172.76	3.78	23.69	44.42	32.06	16.32	4.93
1952	132.17	1.78	21.48	33.33	20.39	12.47	2.93
1953	132.38	1.30	26.28	33.48	24.45	10.44	4.06
1954	153.26	2.02	25.70	33.29	33.90	14.49	3.35
1955	151.86	1.71	14.30	39.00	32.07	14.30	5.42
1956	154.37	1.12	17.78	37.94	40.23	12.20	3.94
Chellow Heights							
1950	121.27	1.98	12.37	28.88	23.81	22.52	3.86
1951	143.45	3.56	10.16	27.70	27.99	17.70	7.93
1952	124.43	1.73	15.83	30.08	27.12	15.32	3.88
1953	114.65	1.36	13.99	23.34	26.53	12.04	4.08
1954	156.19	2.05	20.86	34.55	38.55	17.69	4.73
1955	143.39	1.46	19.50	27.76	35.23	15.16	2.91
1956	159.55	0.66	18.96	24.81	47.67	15.82	4.21
Ambulance Depot							
1950							
(7 mths.)	455.69	3.70	162.61	240.67	15.43	12.39	2.53
1951	807.22	11.61	241.91	437.21	41.44	18.65	7.32
1952	689.49	3.98	155.38	399.56	38.44	17.59	10.88
1953	570.40	2.62	140.09	300.55	40.00	14.20	12.23
1954	766.15	4.05	199.56	412.16	50.06	42.98	10.19
1955	276.34	1.62	68.96	121.12	28.98	9.79	3.89
1956	544.05	3.23	171.10	244.92	44.98	14.36	5.19

Table 25 *Atmospheric Pollution — Mean Monthly Deposits, 1956*
(Tons per Square Mile)

Station	Total Solids	Water-insoluble Matter			Water-soluble Matter		
		Soluble in CS ₂ (Tarry Matter)	Insoluble in CS ₂ (Combustible Matter)	Ash	Sulphate as SO ₄	Chlorine as Cl	Lime as Ca
North	12.96	0.09	1.40	2.91	3.48	1.02	0.27
Central	21.02	0.16	3.91	6.39	4.25	1.21	0.32
Bierley Hall	12.86	0.09	1.48	3.16	3.35	1.02	0.33
Chellow Heights	13.29	0.06	1.58	2.07	3.97	1.32	0.35
Ambulance Depot	45.34	0.27	14.20	20.41	3.75	1.19	0.43

Table 26 *Housing Acts, etc., Statistics, 1956*

HOUSES DEMOLISHED

In Clearance Areas

(1) Houses unfit for human habitation	..	..	..	..	224
(2) Houses included by reason of bad arrangement, etc.	..	..	..	..	4
(3) Houses on land acquired under Section 27, Housing Act, 1936	..	..	..	..	1

Not on Clearance Areas

(4) As a result of formal or informal procedure under Section 11, Housing Act, 1936	..	..	..	..	..	198
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UNFIT HOUSES CLOSED

(5) Under Section 11, Housing Act, 1936, and Sections 10 (1) and 11 (2), Local Government (Miscellaneous Provisions) Act, 1953	..	..	..	74
(6) Under Sections 3 (1) and 3 (2), Housing Act, 1949	..	..	..	Nil
(7) Parts of buildings closed under Section 12, Housing Act, 1936	..	..	..	Nil

UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

		By Owner	By Local Authority
(8) After informal action by local authority	..	779	—
(9) After formal notice under (a) Public Health Acts	..	1,477	212
(b) Housing Act, 1936	..	44	9

